

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000077618

**FILED**  
**May 06, 2012**  
**Secretary of State**

**Entity Name:** UNITED SERVICE SYSTEMS OF SOUTH FLORIDA, CORP.

**Current Principal Place of Business:**

4611 S UNIVERSITY DR  
SUITE 412  
DAVIE, FL 33328 US

**New Principal Place of Business:**

**Current Mailing Address:**

4611 S UNIVERSITY DR  
SUITE 412  
DAVIE, FL 33328 US

**New Mailing Address:**

**FEI Number:** 26-0565488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDUJAR, PEDRO  
8724 SW 16 PL  
DAVIE, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PR  
Name: GONZALEZ, JOAQUIN  
Address: 4611 S UNIVERSITY DR SUITE 412  
City-St-Zip: DAVIE, FL 33328 US

Title: DIR  
Name: MORROW, MICHAEL J  
Address: 4611 S UNIVERSITY DR SUITE 412  
City-St-Zip: DAVIE, FL 33324 US

Title: TRES  
Name: BURGER, STEVEN  
Address: 4611 S UNIVERSITY DR SUITE 412  
City-St-Zip: DAVIE, FL 33324 US

Title: DIR  
Name: ANDUJAR, PEDRO  
Address: 4611 S UNIVERSITY DR SUITE 412  
City-St-Zip: DAVIE, FL 33324 US

Title: DIR  
Name: BULLER, MICHAEL  
Address: 4611 S UNIVERSITY DR SUITE 412  
City-St-Zip: DAVIE, FL 33324 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PEDRO ANDUJAR

DIR

05/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date