


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90196 026 \*\*\*150.00

<b>DOCUMENT # P01000085735</b>	
1. Entity Name <b>HISPANIC SERVICE SOLUTION, INC.</b>	

Principal Place of Business <b>10691 N KENDALL DR., #201 MIAMI, FL 33176</b>	Mailing Address <b>10691 N KENDALL DR., #201 MIAMI, FL 33176</b>
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2. Principal Place of Business <b>Suite # 236</b>	3. Mailing Address <b>Suite, Apt. #, etc. 220 Miracle Mile #236</b>
Suite, Apt. #, etc. <b>220 Miracle Mile</b>	Suite, Apt. #, etc. <b>220 Miracle Mile #236</b>
City & State <b>Coral Gables, FL</b>	City & State <b>Coral Gables, FL</b>
Zip <b>33134</b>	Country <b>USA</b>



04262004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>MAIRENA, ANA C 10691 N KENDALL DR., #201 MIAMI, FL 33176</b>	
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4. FEI Number <b>69-0004900</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	


8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. MAIRENA, ANA C 3586 NW 41ST STREET, C-319 MIAMI, FL 33142</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mairena, Ana C 220 Miracle Mile #236 Coral Gables, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/26/04 (3) 445-8239**  
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #