


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90055 046 \*\*\*150.00

<b>DOCUMENT # P02000042368</b> 1. Entity Name <b>UNIVERZAL STAFFING CONCPETS, INC</b>			
Principal Place of Business <b>7570 NW 186TH ST. STE 103 MIAMI, FL 33015</b>		Mailing Address: <b>7570 NW 186TH ST. STE 103 MIAMI, FL 33015</b>	
2. Principal Place of Business <b>5787A N.W. 151 st</b>		3. Mailing Address <b>5787A NW 151 Street</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Miami, Fla. FL</b>		City & State <b>Miami Lakes, FL</b>	
Zip <b>33014</b>		Zip <b>33014</b>	
Country <b>Usa</b>		Country <b>Usa</b>	
4. FEI Number <b>04-3643999</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GARCIA, ZANDRA A 7877 WEST 14TH COURT HIALEAH, FL 33014</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, ZANDRA A 7877 WEST 14TH COURT HIALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Zandra A. Garcia</i>		Date: <i>1/31/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

**50009461**



01302005 Chg-P CR2E034 (10/03)