

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082293

FILED  
Sep 02, 2004  
Secretary of State

Entity Name: UNITED PROFESSIONAL SERVICES, INC.

## Current Principal Place of Business:

5390 HOFFNER RD  
STE D  
ORLANDO, FL 32812

## New Principal Place of Business:

## Current Mailing Address:

5390 HOFFNER RD  
STE D  
ORLANDO, FL 32812

## New Mailing Address:

FEI Number: 14-1840456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

OSSINSKY, MARC P  
210 NORTH WYMORE RD  
WINTER PARK, FL 32789 US

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: MARC OSSINSKY

09/02/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: PASARELL, JOSEPH M  
Address: 5390 HOFFNER ROAD STE D  
City-St-Zip: ORLANDO, FL 32812

Title: VTD (X) Delete  
Name: LUZUNARIS, RODNEY C  
Address: 5390 HOFFNER ROAD STE D  
City-St-Zip: ORLANDO, FL 32812

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: PASARELL, JOSE M  
Address: 5390 HOFFNER ROAD STE D  
City-St-Zip: ORLANDO, FL 32812

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOSE PASARELL

PSD

09/02/2004

Electronic Signature of Signing Officer or Director

Date