## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 09, 2004 8:00 am **Secretary of State DOCUMENT # P02000093064** 02-09-2004 90057 034 \*\*\*158.75 UNIDOS SERVICIOS DE INMIGRACION, INC. Principal Place of Business Mailing Address 1430 W. BUSCH BLVD. 1430 W. BUSCH BLVD. **AIATMITA TAMPA FL 33612 TAMPA FL 33612** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 13-4209805 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA FILING & SEARCH SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 NORTH DUVAL STREET TALLAHASSEE FL 32303 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President TITLE TITLE Change ☐ Addition Delete claudia Hejia JIMENEZ, RUTH C NAME NAMÉ 1401 Lyonshire Drive 1401 LYONSHIRE DRIVE STREET ADDRESS STREET ADDRESS WESLEY CHAPEL FL 33543 CITY-ST-ZIP CITY-ST-ZIP viso- President Addition TITLE Delete TITLE MEJIA, CLAUDIA M NAME andia Mejia STREET ADDRESS 1401 LYONSHIRE DRIVE STREET ADDRESS WESLEY CHAPEL FL 33543 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does got 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 it to export as required by Chapter 607, Florida Statutes; and that my name appears in Blook 10 or Block 11 or Block 12 or Block 11 or Block 11 or Block 12 or Block 11 or Block 12 or Block 11 or Block 12 or Block 12 or Block 11 or Block 12 or Block 11 or Block 12 or Block 12

OFFICER OR DIRECTOR

of the corporation or the receiver or trustee empowered to exe changed, or on an attachment with an address, with all other li

SIGNATURE AND TYPED OR PRINTES

SIGNATURE:

FILED