## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000011427

Entity Name: MY OUTSOURCING CORPORATION

FILED Apr 21, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12973 SW 112 ST 385 MIAMI, FL 33186 **New Mailing Address: Current Mailing Address:** 12973 SW 112 ST MIAMI, FL 33186 FEI Number: 30-0147826 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NOLLA, JULIO A 6724 SW 134 PLACE MIAMI, FL 33183 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition PEREZ, YOLANDA N Name: Name: 9184 SW 128 LANE Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition AMADO-PICANS, YOLANDA Name: Name: AMADO-PICANS, YOLANDA 13253 SW 111 TERRACE #3 13253 SW 111 TERRACE #3 Address: Address: MIAMI, FL 33186 MIAMI, FL 33186 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition AMADO, MARIA E Name: Name: 14642 SW 172 LANE Address: Address: City-St-Zip: MIAMI, FL 33177 City-St-Zip: Title: (X) Delete Title: () Change () Addition AMADO, MARIA I Name: Name: Address: 13000 SW 92 AVE. #302B Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: (X) Delete Title: () Change () Addition LAUSELL, YVONNE Name: Name: 700 BILTMORE WAY PH 1210 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: YOLANDA AMADO-PICANS P/T 04/21/2008

City-St-Zip:

CORAL GABLES, FL 33134