2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

03-03-2004 90010 020 ***100.00
02-17-2004 90028 008 ****50.00

MOORE CR2E034 (11/03)

DOCUMENT # P03000041398

1. Entity Name
UNITED IMMIGRATION SERVICES, INC.

Principal Place of Business	Mailing Address
~~375 NE 54 ST #9 MIAMI FL 33137~~ PO BOX 530103 Miami, FL 33153	~~375 NE 54 ST #9 MIAMI FL 33137~~

2. Principal Place of Business: 375 NE 54st	3. Mailing Address: P.O. BOX 530103
Suite, Apt. #, etc.: #9	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: MIAMI, FL 33153
Zip: 33137 FL Country: USA	Zip: 331332 Country

4. FEI Number: 54-2112471 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOSEPH, ~~GISLANE~~ Joseph, Gislaine	Name
~~777 NW 155 LN #904~~ ~~P.O. Box 530103~~	Street Address (P.O. Box Number is Not Acceptable)
~~MIAMI FL 33169~~ ~~Miami, FL 33153~~	
861 NE 88st Miami, FL 33138	City FL 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSPEH, ~~GISLANE~~ Gislaine P.O. BOX 530103 861 NE 88st MIAMI FL 33153 Miami, FL 33138 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: ______________________ (305)758-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #