
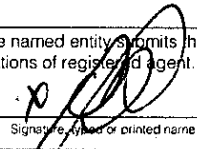
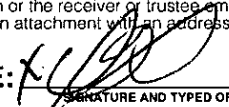


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90346 040 ***150.00

DOCUMENT # P03000069503 1. Entity Name MANAGEMENT SERVICE SOLUTIONS INC.																																																			
Principal Place of Business 568 HIALEAH DRIVE HIALEAH, FL 33010		Mailing Address 568 HIALEAH DRIVE HIALEAH, FL 33010																																																	
2. Principal Place of Business 4105 EAST 4 AVE Suite, Apt. #, etc.		3. Mailing Address 1688 CORAL WAY Suite, Apt. #, etc.																																																	
City & State Hialeah, FL Zip 33013 Country U.S.A.		City & State Miami FL Zip 33145 Country USA																																																	
4. FEI Number 200058075		Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent CUELLO, ARMANDO SR. 568 HIALEAH DRIVE HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name CUELLO ARMANDO SR. Street Address (P.O. Box Number is Not Acceptable) 1688 CORAL WAY City Miami FL Zip Code 33145																																																	
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  4/22/04 <small>Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P CUELLO, ARMANDO SR. 568 HIALEAH DRIVE HIALEAH, FL 33010 </td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUELLO, ARMANDO SR. 568 HIALEAH DRIVE HIALEAH, FL 33010	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> CUELLO ARMANDO SR. 5851 NW 117 ST. Hialeah, FL 33012-4450 </td> <td style="width: 10%; text-align: center;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CUELLO ARMANDO SR. 5851 NW 117 ST. Hialeah, FL 33012-4450	<input checked="" 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: 		Date 4/22/04 Daytime Phone # 305-295-8868																																																	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																			