

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000069503

1. Entity Name
MANAGEMENT SERVICE SOLUTIONS INC.



Principal Place of Business
**4105 EAST 4 AVE.
HIALEAH, FL 33013**

Mailing Address
**1688 CORAL WAY
MIAMI, FL 33145**



04242006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0058075

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CUELLO, ARMANDO SR.
1688 CORAL WAY
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CUELLO, ARMANDO Y**
STREET ADDRESS **5851 NW 117 ST.**
CITY- ST- ZIP **HIALEAH, FL 33012**

TITLE **VP**
NAME **CUELLO, ARMANDO**
STREET ADDRESS **5851 NW 117 ST.**
CITY- ST- ZIP **HIALEAH, FL 33012**

TITLE **S**
NAME **CUELLO, ODALIS**
STREET ADDRESS **5851 NW 117 ST.**
CITY- ST- ZIP **HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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TITLE
NAME
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CITY- ST- ZIP

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05/16/06-80016-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06
Date

305-822-8198
Daytime Phone #