
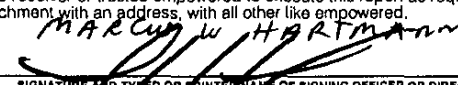


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000082247 1. Entity Name H.S.S. MODULAR SERVICE, INC.			
Principal Place of Business 2225 N.E. 15TH TERRACE WILTON MANORS, FL 33305		Mailing Address 2225 N.E. 15TH TERRACE WILTON MANORS, FL 33305	
			
		02242007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 56-2381967 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTMANN, MARCUS W 2225 N.E. 15TH TERRACE WILTON MANORS, FL 33305			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			
TITLE	DPT		
NAME	HARTMANN, MARCUS W		
STREET ADDRESS	2225 N.E. 15TH TERRACE		
CITY-ST-ZIP	WILTON MANORS, FL 33305		
TITLE	DS		
NAME	RAMIREZ, MIGUEL		
STREET ADDRESS	3417 N.W. 22ND AVENUE, # 9		
CITY-ST-ZIP	MIAMI, FL 33142		
TITLE	DV		
NAME	SANCHEZ, LUIS A		
STREET ADDRESS	8615 N.W. 8TH STREET, #415		
CITY-ST-ZIP	MIAMI, FL 33126		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		PRESIDENT 2/24/07 305 994 9317	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	