


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 A
Secretary of State

DOCUMENT # P03000082247 1. Entity Name H.S.S. MODULAR SERVICE, INC.	
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Principal Place of Business 2225 N.E. 15TH TERRACE WILTON MANORS, FL 33305	Mailing Address 2225 N.E. 15TH TERRACE WILTON MANORS, FL 33305
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02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2381967	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARTMANN, MARCUS W 2225 N.E. 15TH TERRACE WILTON MANORS, FL 33305
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**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.

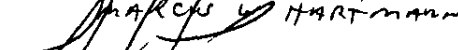
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000327686 02/21/08-80099-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HARTMANN, MARCUS W 2225 N.E. 15TH TERRACE WILTON MANORS, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RAMIREZ, MIGUEL 3417 N.W. 22ND AVENUE, # 9 MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SANCHEZ, LUIS A 8615 N.W. 8TH STREET, #415 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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	PRESIDENT Date: 2/11/08 Daytime Phone #: 305 794 9317
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