

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138686

FILED
Apr 29, 2005
Secretary of State

Entity Name: AMERICAN HUMAN RESOURCES SOLUTIONS, INC.

Current Principal Place of Business:

780 NORTHWEST LEJEUNE ROAD
SUITE 516
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

780 NORTHWEST LEJEUNE ROAD
SUITE 516
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-0463576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIEDRA, AURELIO A
780 NW 42ND AVE., #516
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PINON, JOSEPH R
Address: 780 NORTHWEST LEJEUNE ROAD SUITE 516
City-St-Zip: MIAMI, FL 33126

Title: VD () Delete
Name: VALDES, EMILIO
Address: 780 NORTHWEST LEJEUNE ROAD SUITE 516
City-St-Zip: MIAMI, FL 33126

Title: SD () Delete
Name: MENDEZ, IGNACIO
Address: 780 NORTHWEST LEJEUNE ROAD
City-St-Zip: MIAMI, FL 33126

Title: T () Delete
Name: PIEDRA, AURELIO
Address: 780 NORTHWEST LEJEUNE ROAD
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IGNACIO MENDEZ

S

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date