

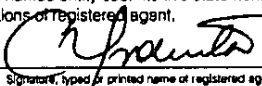
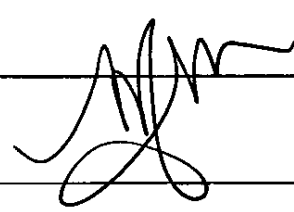
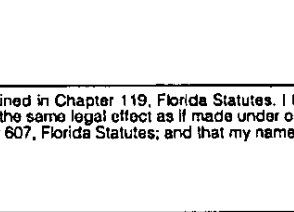
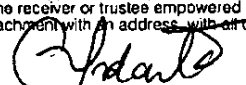
2006 FOR PROFIT CORPORATION ANNUAL REPORT

01-20-2006 90033 028 ***150.00
P03000158096

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000158096			
1. Entity Name HRS SERVICES, INC.			
Principal Place of Business 2528 ROBERT TRENT JONES DRIVE ORLANDO, FL 32835		Mailing Address 2528 ROBERT TRENT JONES DRIVE ORLANDO, FL 32835	
2. Principal Place of Business 6434 Cava Alta Dr. Apt. 203 Orlando, FL 32835 Country USA		3. Mailing Address Same City & State Zip Country USA	
6. Name and Address of Current Registered Agent URDANETA, CARMEN A 2528 ROBERT TRENT JONES DRIVE ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name: Carmen A. Urdaneta Street Address (P.O. Box Number is Not Acceptable): 6434 Cava Alta Dr. Apt 203 City: Orlando FL Zip Code: 32835	
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: 		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES URDANETA, CARMEN A 2528 ROBERT TRENT JONES DRIVE ORLANDO, FL 32835 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Urdaneta, Carmen A. 6434 Cava Alta Dr. Apt. 203 Orlando, FL 32835 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HR Services C.A. Barguismeto - Edo. Lara VENEZUELA ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Calle 24, # 36-12 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
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 changed, or on an attachment with an address with an other like empowered.			
SIGNATURE: 		Date: 3/1/06	

*The accountant Carolina gave permission to change/correct