2006 FOR PROFIT CORPORATION ANNUAL REPORT

01-20-2006 90033 028 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000158096

1. Entity Name
HRS SERVICES, INC.

Principal Place of Business	Mailing Address
2528 ROBERT TRENT JONES DRIVE ORLANDO, FL 32835	~~2528 ROBERT TRENT JONES DRIVE~~ ~~ORLANDO, FL 32835~~

01182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
6434 Cava Alta Dr. Suite, Apt. #, etc. Apt. 203	Suite, Apt. #, etc. Same
City & State Orlando, FL	City & State
Zip 32835 Country USA	Zip Country USA

4. FEI Number
20-1767443
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
URDANETA, CARMEN A 2528 ROBERT TRENT JONES DRIVE ORLANDO, FL 32835	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: C Urdaneta
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			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	P Urdaneta, Carmen A. 6434 Cava Alta Dr. Apt. 203 Orlando, FL 32835	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP HR Services C.A. Barquisimeto. Edo. Lara VENEZUELA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Calle 24, # 36-72	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C Urdaneta 3/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*The accountant Carolina gave permission to change / correct