2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 8:00 am Secretary of State

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DOCUMENT # P04000107007 1. Entity Name BUSINESS OUTSOURCING S.A., INC.							03-12-200	7 90366	043 ***15	50.00
Principal Place of Business Mailing Address						1 400	34085			
2330 LEE ST 2330 LEE ST						400	1340			
HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020										
	•		·							
2. Principal F	Place of Busir	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			02022007	Chg-P	CR2E	034 (12/06)	
City & State			City & State		-	4. FEI Number 20-2111837			_ 	oplied For ot Applicable
Zip	Country		Zip	Coun	try 🚣	5. Certificate of Status De		ed \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered	Agent	
BURGOS, GONZALO FEDERICO 2330 LEE ST					Name					
					Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWOOD, FL 33020										
			City FL Zip Code							
8 The above	named entit	v submite this statement t	or the purpose of changing it	e register	nd office or regir	ctored agent or be	th is the State of E		- Inmiliar with	and manner
the obliga	tions of regist	leved agent	or the purpose of changing in	s registere	a unice or regis	stered agent, or oc	iti, iii tile State OFF	ionua. Fam	iatilliai Witti,	апо ассері
	ı		7 W				07	ひりつ	1200	7
SIGNATURE.	Signature, typed	or printed name of registered ager	it and title if applicable. (NC	TE: Registere	Agent signature requ	ured when reinstating)		DATE	120	<u> </u>
		FEE IS \$150.00 7 Fee will be \$550	9. Election Camp Trust Fund Cod	-	· - ·	55.00 May Be Added to Fees				
10.	0. OFFICERS AND DIRECTORS 11					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE			TITLE					Change	☐ Addition	
NAME	· · · · · · · · · · · · · · · · · · ·		NAM							
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	HOLLYW	OOD, FL 33020		CITY-	ST-ZIP					
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TITLE	 		☐ Delete	TITLE					☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/2007

Daytime Phone #