

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90028 020 \*\*\*158.75

**DOCUMENT # P04000171687**

1. Entity Name  
**SER-ONE-STOP SOLUTIONS, INC.**



Principal Place of Business  
**5600 N.W. 36 STREET, #561  
MIAMI, FL 33122**

Mailing Address  
**P.O. BOX 664597  
MIAMI SPRINGS, FL 33266-1597**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2090276**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SER JOBS FOR PROGRESS, INC.  
5600 N.W. 36 STREET, #561  
MIAMI, FL 33122**

**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 *Jose L. Cela*  
Signature, typed or printed name of registered agent and title if applicable.

**JOSE L. CELA/PRESIDENT/CEO**  
(NOTE: Registered Agent signature required when reinstating)

1/18/7  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	T	<del>delete</del> *
NAME	GODOY, EDUARDO	
STREET ADDRESS	1111 BRICKELL AVE # 2801	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	S	
NAME	JULIA, CARLOS	
STREET ADDRESS	4805 NW 7 ST APT 208	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	CEO	
NAME	CELA, JOSE L	
STREET ADDRESS	5600 N.W. 36 STREET, #561	
CITY-ST-ZIP	MIAMI, FL 33122	
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: *Jose L. Cela* **JOSE L. CELA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #