2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 02, 2007 8:00 am Secretary of State

ANNUAL REPORT

07-02-2007 90037 042 ***150.00 DOCUMENT # P05000097615 WE SERVICE AMERICA, INC. Principal Place of Business Mailing Address 40122409 12231 SW 10TH TERRACE 12231 SW 10TH TERRACE MIAMI, FL 33184 MIAMI, FL 33184 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 06082007 CR2E034 (12/06) City & State City & State 4. FEI Numbe Applied For 20-3155852 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTINEZ, JOSE Street Address (P.O. Box Number is Not Acceptable) 12231 SW 10TH TERRACE MIAMI, FL 33184 City Zip Code 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and 1.46 if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TOLE ☐ Delete TITLE ☐ Change ☐ Addition MARTINEZ, JOSE NAME STREET ADDRESS 12231 SW 10TH TERRACE STREET ADDRESS CITY - ST- ZIP MIAMI, FL 33184 CITY ST ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TOTLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP 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 attachmen SUSNATURE AND TYPED OR PRINTED NING OFFICER OR DIRECTOR Daytime Phone #

ATTACHMENT

40122409

Annual Report Form Creation

Note: Please make ALL checks payable to the Florida Department of State

Enter the entity document number below to create your pre-printed Annual Report form.

Document Number P05000097615

Note: On 12 digit document numbers, only the first character is alphabetic.

The document number is located on the back of the postcard above the business entity name

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JOSER, MARTINE 7

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FRG, AGENT