

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133961

Entity Name: HSS FULL SERVICE, CORP.

FILED  
Jan 26, 2006  
Secretary of State

**Current Principal Place of Business:**

2410 NORTH WEST 63RD TERRACE  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

2410 NORTH WEST 63RD TERRACE  
SUNRISE, FL 33313

**New Mailing Address:**

FEI Number: 20-3559361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LETREN, HELEN  
2410 NORTH WEST 63RD TERRACE  
SUNRISE, FL 33313 US

**Name and Address of New Registered Agent:**

LETREN, SAMUEL S  
2410 NORTH WEST 63RD TERRACE  
SUNRISE, FL 33313 US

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.

SIGNATURE: SAMUEL S. LETREN

01/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LETREN, HELEN  
Address: 2410 NORTH WEST 63RD TERRACE  
City-St-Zip: SUNRISE, FL 33313

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LETREN, SAMUEL S  
Address: 2410 NORTH WEST 63RD TERRACE  
City-St-Zip: SUNRISE, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL S. LETREN

P

01/26/2006

Electronic Signature of Signing Officer or Director

Date