

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 03, 2008 8:00 am**  
**Secretary of State**

06-03-2008 90018 001 \*\*\*150.00  
06-03-2008 90018 002 \*\*\*\*\*8.75

**66013038**



05142008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000009348</b> 1. Entity Name <b>NEW OFFICE SERVICES, INC</b>					
Principal Place of Business <b>11398 WEST FLAGLER STREET</b> <b>201</b> <b>MIAMI, FL 33174</b>			Mailing Address <b>11398 WEST FLAGLER STREET</b> <b>201</b> <b>MIAMI, FL 33187</b>		
2. Principal Place of Business - No P.O. Box # <b>11398 W. Flagler St</b> Suite, Apt. #, etc. <b>201</b>			3. Mailing Address Suite, Apt. #, etc.  City & State <b>Miami, FL</b>		
City & State <b>Miami, FL</b>		City & State  		4. FEI Number <b>55-0913587</b>	
Zip <b>33174</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PENA, ODALYS E</b> <b>14307 SW 45TH TERR.</b> <b>MIAMI, FL 33175</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, DELIA M 19800 SW 180TH AVE., # 366 MIAMI, FL 33187		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Delia Hernandez</i></u> <span style="float: right;"><u>5/17/2008</u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					