

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90066 001 \*\*\*272.50

<b>DOCUMENT # P06000095026</b>					
<b>1. Entity Name</b> CONSORCIO ADMINISTRATIVO SERVICIOS HUMANOS 1991, CO.					
<b>Principal Place of Business</b> 2470 N.W. 102 PLACE SUITE 201 MIAMI, FL 33172			<b>Mailing Address</b> 10008 WEST FLAGLER STREET P.O. BOX 126 MIAMI, FL 33174		
<b>2. Principal Place of Business - No P.O. Box #</b> 4059 Santa Barbara DR		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. Harder Hall Country C.		Suite, Apt. #, etc.			
City & State SEBRING, FL		City & State			
Zip 33875		Country		Zip Country	
<b>6. Name and Address of Current Registered Agent</b> NAFA ATTORNEYS 11890 S.W. 8 STREET PENTHOUSE -VII MIAMI, FL, FL 33184				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T BARRERA, TERESITA D J 10008 WEST FLAGLER STREET, POBOX 126 MIAMI, FL 33174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Humphrey Pachecker 4059 Santa Barbara Dr. Sebring, FL 33875	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b>		7/15/2007 863-385 0042			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			