

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90105 001 \*\*\*150.00

**DOCUMENT # P06000095026**

1. Entity Name  
**CONSORCIO ADMINISTRATIVO SERVICIOS HUMANOS  
1991, CO.**



Principal Place of Business  
**4059 SANTA BARBARA DR  
HARDER HALL COUNTRY C  
SEBRING, FL 33875**

Mailing Address  
**10008 WEST FLAGLER STREET  
P.O. BOX 126  
MIAMI, FL 33174**

**40098600**



05052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2372999**

Applied For  
Not Applicable

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

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

**NAFA ATTORNEYS  
11890 S.W. 8 STREET  
PENTHOUSE -VII  
MIAMI, FL, FL 33184**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P, T  
BARRERA, TERESITA D J  
10008 WEST FLAGLER STREET, POBOX 126  
MIAMI, FL 33174**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
PACHECKER, HUMPHREY  
4059 SANTA BARBARA DR  
SEBRING, FL 33875**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/5/08**

Date

**863 3850042**

Daytime Phone #