

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000110269

Entity Name: UNION SERVICE ENTERPRISE, INC

FILED
May 23, 2007
Secretary of State

Current Principal Place of Business:

5190 NW 167 ST STE 304
MIAMI, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

5190 NW 167 ST STE 304
MIAMI, FL 33014 US

New Mailing Address:

PO BOX 172026
HIALEAH, FL 33017 US

FEI Number: 20-5426711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARRECHEA, SUSANA
5190 NW 167 ST STE 304
MIAMI, FL 33014 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARRECHEA, SUSANA
Address: 5190 NW 167 ST STE 304
City-St-Zip: MIAMI, FL 33014 US

Title: VP () Delete
Name: PENA, YILIAM
Address: 5190 NW 167 ST STE 304
City-St-Zip: MIAMI, FL 33014 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARRECHEA, SUSANA
Address: PO BOX 172026
City-St-Zip: HIALEAH, FL 33017 US

Title: VP (X) Change () Addition
Name: PENA, YILIAM
Address: PO BOX 172026
City-St-Zip: HIALEAH, FL 33017 US

I hereby certify that the information supplied with this filing does not qualify 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: SUSANA

P

05/23/2007

Electronic Signature of Signing Officer or Director

Date