

2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/25/2007-90203-033-\$158.75-\$158.75

DOCUMENT # P06000128824					
1. Entity Name SA & MI UNIVERSAL SERVICES CENTER, INC					
Principal Place of Business 1655 WEST 44TH PL 247 HIALEAH, FL 33012 US			Mailing Address P.O. BOX 126983 HIALEAH, FL 33012 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONTRERAS, MARIA INES 1655 WEST 44TH PL 247 HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 registering) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONTRERAS, MARIA I 1655 WEST 44TH PL, APT 247 HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$75/31	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRO GARCIA, SERGIO A 1655 WEST 44TH PL, APT 247 HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$75/31	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CONTRERAS, MARIA I 1655 WEST 44TH PL, APT 247 HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$75/31	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CARRO GARCIA, SERGIO A 1655 WEST 44TH PL APT 247 HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$75/31	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$75/31		TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$75/31	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$75/31		TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$75/31	
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: _____			04-23-07 786 290-2050		