


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

04-28-2008 90379 045 ***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
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66012693



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

03252008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5687631	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 resigning) DATE _____

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing. ☐ **\$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 <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	VP CARRO GARCIA, SERGIO A 1655 WEST 44TH PL, APT 247 HIALEAH, FL 33012 <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	TR CONTRERAS, MARIA I 1655 WEST 44TH PL, APT 247 HIALEAH, FL 33012 <input type="checkbox"/> Delete	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"/> Delete	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:  **04-24-08** **786-290 2050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
66012693
#P06000128824

Form **SS-4**
(Rev. February 2006)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

20-5687631

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

SA & MI Universal Services Center, Inc

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)

P.O. Box 126983

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code

Hialeah, FL 33012-1616

5b City, state, and ZIP code

6 County and state where principal business is located

Miami-Dade, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor

Maria Ines Contreras

7b SSN, ITIN, or EIN

933-71-0570

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)

☐ Partnership

☒ Corporation (enter form number to be filed) ▶ **1120 S**

☐ Personal service corporation

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ▶

☐ Other (specify) ▶

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Trust (SSN of grantor)

☐ National Guard

☐ Farmers' cooperative

☐ REMIC

☐ Group Exemption Number (GEN) ▶

☐ State/local government

☐ Federal government/military

☐ Indian tribal governments/enterprises

8b If a corporation, name the state or foreign country (if applicable) where incorporated

FI

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶ **Corporation**

☐ Purchased going business

☐ Hired employees (Check the box and see line 12.)

☐ Compliance with IRS withholding regulations

☐ Other (specify) ▶

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Created a trust (specify type) ▶

☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year). See instructions.

10-09-2006

11 Closing month of accounting year

December

12 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **June 1, 2007**

13 Highest number of employees expected in the next 12 months (enter -0- if none).

Agricultural

Household

Other

Do you expect to have \$1,000 or less in employment tax liability for the calendar year? ☐ Yes ☐ No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)

1

14 Check one box that best describes the principal activity of your business.

☐ Construction

☐ Rental & leasing

☐ Real estate

☐ Transportation & warehousing

☐ Manufacturing

☐ Finance & insurance

☐ Health care & social assistance

☐ Accommodation & food service

☐ Other (specify)

☐ Wholesale-agent/broker

☐ Wholesale-other

☒ Retail

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

Products and Services

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note. If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Third
Party
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Milady R. Pinedo

Designee's telephone number (include area code)

(239) 303-7198

Address and ZIP code

1029 Jaguar Blvd, Lehigh Acres, FL 33936

Designee's fax number (include area code)

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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **Maria Ines Contreras - President**

Applicant's telephone number (include area code)

(305) 825-9964

Signature ▶

Date ▶

Applicant's fax number (include area code)

(305) 5560651

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 2-2006)