2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135975

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FILED Jan 21, 2008 Secretary of State

Entity Name: S.O.S. EMPLOYMENT SOLUTIONS, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	ST 6 AVENUE FL 33010			
Current Mailing Address:		New Mailing Address:		
	ST 6 AVENUE FL 33010			
FEI Number	: 20-5782655	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
OLIVA, YA 570 WEST HIALEAH,	Γ33 PLACE	JS		
	e named entity : e of Florida.	submits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	submits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,
in the State	e of Florida. RE:	submits this statement for the particles of Registered Ag		od office or registered agent, or both, Date
in the State	e of Florida. É RE: Electror			
in the State SIGNATUI	e of Florida. É RE: Electror	nic Signature of Registered Ag	ent	
in the State SIGNATUI Election Car OFFICER Title: Name: Address:	e of Florida. RE: Electror mpaign Financing S AND DIREC	nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete	ent	Date
in the State SIGNATUI	e of Florida. RE: Electror mpaign Financing S AND DIREC P () OLIVA', YADIE 570 WEST 33 I HIALEAH, FL 3	nic Signature of Registered Ag g Trust Fund Contribution (). TORS: Delete PLACE 3010 Delete RA PLACE	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: BARBARA OLIVA VP 01/21/2008