

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90055 020 ***150.00

DOCUMENT # P94000023162
 1. Entity Name
FEDERAL SUPERVISORY SERVICES, INC.



Principal Place of Business Mailing Address
 P O BOX 430964 P O BOX 430964
 S MIAMI, FL 33243 US S MIAMI, FL 33243 US

40117081



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

05182007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0507008 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 UGENT, ADA E
 600 ARVIDA PARKWAY
 CORAL GABLES, FL 33156

7. Name and Address of New Registered Agent
 Name AVERY A. UGENT
 Street Address (P.O. Box Number is Not Acceptable) 600 ARVIDA PARKWAY
 City CORAL GABLES FL Zip Code 33156

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 *Avery A. Ugent* AVERY A. UGENT 05-18-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST UGENT, ADA E P.O. BOX 430964 SOUTH MIAMI, FL 33243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST UGENT, AVERY A. P.O. BOX 430964 SOUTH MIAMI, FL 33243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Avery A. Ugent* AVERY A. UGENT, PRES. 05-18-07 (305) 665-3868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #