

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000023162

FILED
Apr 19, 2008
Secretary of State

Entity Name: FEDERAL SUPERVISORY SERVICES, INC.

Current Principal Place of Business:

P O BOX 430964
S MIAMI, FL 33243 US

New Principal Place of Business:

600 ARVIDA PARKWAY
CORAL GABLES, FL 331567 US

Current Mailing Address:

P O BOX 430964
S MIAMI, FL 33243 US

New Mailing Address:

FEI Number: 65-0507008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UGENT, AVERY A
600 ARVIDA PARKWAY
CORAL GABLES, FL 33156 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: UGENT, AVERY A
Address: P.O. BOX 430964
City-St-Zip: SOUTH MIAMI, FL 33243 US

Title: V () Delete
Name: UGENT, AVERY A
Address: P.O. BOX 430964
City-St-Zip: SOUTH MIAMI, FL 33243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AVERY A. UGENT

P

04/19/2008

Electronic Signature of Signing Officer or Director

Date