


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

4/1  
**FILED**  
**Sep 01, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90042 003 \*\*\*150.00

<b>DOCUMENT # P95000011624</b> 1. Entity Name <b>UNITED PERSONNEL STAFFING, INC.</b>	
--	---

Principal Place of Business  
**782 NW LEJEUNE RD.  
#437  
MIAMI, FL 33126 US**

Mailing Address  
**782 NW LEJEUNE RD.  
#437  
MIAMI, FL 33126 US**

**DO NOT WRITE IN THIS SPACE**



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0674360</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---

**6. Name and Address of Current Registered Agent**

**PENTON, SERGIO R  
780 NW LEJEUNE RD.  
STE. 427  
MIAMI, FL 33126**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP ECHEZARRETA, MODESTO 1740 S. BAYSHORE LANE MIAMI, FL 33133</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Modesto Echezarreta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/21/05 (305) 448-1362  
Date Daytime Phone #



ATTACHMENT

66026775

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

April 7, 2005

UNITED PERSONNEL STAFFING, INC.  
782 NW LEJEUNE RD.  
#437  
MIAMI, FL 33126 US

Subject: UNITED PERSONNEL STAFFING, INC.

Reference Number:

P95000011624

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RS

ANNUAL REPORTS SECTION