2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000011624

UNITED PERSONNEL STAFFING, INC.



Principal Place of Business

Mailing Address

782 NW LEJEUNE RD. #437

MIAMI, FL 33126 US

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MIAMI, FL 33126 US

FILED Apr 23, 2007 08:00 AM Secretary of State



01222007 DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0674360	Not Applicable

5. Certificate of Status Desired

No Chg-P

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

PENTON, SERGIO R 782 NW LEJEUNE RD. STE. 437 MIAMI, FL 33126

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8.	The above named entity submits this statement for th	e purpose of changing i	its registered office or registered as	gent, or both, in the Sta	te of Florida.	I am familiar with, a	nd accept
	the obligations of registered agent.						

SIGNATURE.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution,

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. DP TITLE ECHEZARRETA, MODESTO 8545 SW 70TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 VΡ PENTON, SERGIO NAME 7891 NW 169TH TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33016 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

U00000723043 05/02/07-80054-022 150.00

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12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Serces

Date Daytime Phone #