2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Apr 11, 2006 8:00 am
Secretary of State
03-01-2006 90023 017 ***150.00

DOCUMENT # P98000033514

1. Entity Name

BUSINESS SUPPORT SERVICES, INC.

Principal Place of Business	Mailing Address
14985 S.W. 48 TERRACE STE.F-26 MIAMI FL 33185	14985 S.W. 48 TERRACE STE.F-26 MIAMI FL 33185

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
7822 NW 114 Path.	7822 NW 114 Path.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mic - Fl.	City & State: Mic - Fl.
Zip: 33178. Country: EE UU.	Zip: 33178. Country: EE UU

4. FEI Number 65-0830769 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORES, JAIME A 14985 S.W. 48 TERRACE STE.F-26 MIAMI FL 33185	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 mandated) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLORES, JAIME A 14985 S.W. 48 TERRACE STE.F-26 MIAMI FL 33185	☐ Delete	7822 NW 114 Path. Mic - Fl. 33178.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLORES, MARTA F 14985 S.W. 48 TERRACE STE.F-26 MIAMI FL 33185	☐ Delete	7822 NW 114 Path. Mic - Fl. 33178.	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jaime Fernandez de Flores 4-6-06. Vice President.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #