

FILED
May 01, 2007 8:00 am
Secretary of State

04-17-2007 90233 012 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000033514 1. Entity Name BUSINESS SUPPORT SERVICES, INC.	
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Principal Place of Business 7822 NW 114 PATH MIAMI, FL 33178	Mailing Address 7822 NW 114 PATH MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE

03292007 No Chg-P CR2E034 (11/05)

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 FLORES, JAIME A 14985 S.W. 48 TERRACE STE.F-26 MIAMI, FL 33185
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**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.

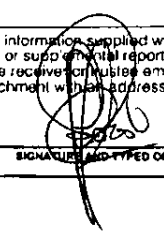
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable.

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLORES, JAIME A 7822 NW 114 PATH MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLORES, MARTA F 7822 NW 144 PATH MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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:  **4-27-07** **(305) 7150114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #