

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000083251

FILED
Jan 19, 2007
Secretary of State

Entity Name: PENDA-MEXICO EMPLOYMENT CORPORATION

Current Principal Place of Business:

2344 W. WISCONSIN ST
PORTAGE, WI 53901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 449
PORTAGE, WI 539010449

New Mailing Address:

FEI Number: 39-1804635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CEO () Delete
Name: BUERGEL, ULF
Address: 2344 W. WISCONSIN ST, PO BOX 449
City-St-Zip: PORTAGE, WI 53901

Title: VPF () Delete
Name: CANDELMO, DAVID P
Address: 2344 W WISCONSIN STREET
City-St-Zip: PORTAGE, WI 53901

Title: VPS () Delete
Name: MOSTKOFF, SAMUEL
Address: 2344 W. WISCONSIN ST
City-St-Zip: PORTAGE, WI 53901

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BUERGEL, ULF
Address: 2344 W. WISCONSIN ST, PO BOX 449
City-St-Zip: PORTAGE, WI 53901

Title: V (X) Change () Addition
Name: MOSTKOFF, SAMUEL
Address: 2344 W WISCONSIN STREET, PO BOX 449
City-St-Zip: PORTAGE, WI 53901

Title: D (X) Change () Addition
Name: BUERGEL, ULF
Address: 2344 W. WISCONSIN ST, PO BOX 449
City-St-Zip: PORTAGE, WI 53901

Title: D () Change (X) Addition
Name: MOSTKOFF, SAMUEL
Address: 2344 W. WISCONSIN ST, PO BOX 449
City-St-Zip: PORTAGE, WI 53901

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMUEL MOSTKOFF

D

01/19/2007

Electronic Signature of Signing Officer or Director

_____ Date