

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003063

FILED  
Aug 24, 2007  
Secretary of State

Entity Name: 360 DEGREES SOLUTION INC.

**Current Principal Place of Business:**

1876 N UNIVERSITY DRIVE  
201U  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

1876 N UNIVERSITY DRIVE  
201U  
PLANTATION, FL 33322

**New Mailing Address:**

FEI Number: 56-2446425      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STENOR, WISMY P  
1011 ARIZONA AVE  
FORT LAUDERDALE, FL 33312      US

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STENOR, WISMY P  
Address: 1011 ARIZONA AVE  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP ( ) Delete  
Name: ARISTIL, RAMUEL VP  
Address: 472 E EVANSTON CR  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: S ( ) Delete  
Name: BIEN-AIME, CARME-SUZE S  
Address: 2451 CENTERGATE DRIVE BUILDING 11 # 305  
City-St-Zip: MIRAMAR, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WISMY STENOR

P

08/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date