


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000008190 1. Entity Name CFO SUPPORT & SOLUTIONS, INC.	
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Principal Place of Business 1201 DOVE AVENUE MIAMI SPRINGS, FL 33166	Mailing Address 1201 DOVE AVENUE MIAMI SPRINGS, FL 33166
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DO NOT WRITE IN THIS SPACE



05182006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0536332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, CARLOS A
1201 DOVE AVENUE
MIAMI SPRINGS, FL 33166

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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 _____ DATE _____
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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, CARLOS A 1201 DOVE AVENUE MIAMI SPRINGS, FL 33166
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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: *Carlos A. Diaz* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____