


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

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

<b>DOCUMENT # P02000008190</b> 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"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ 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.  **\$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.

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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06/07/06-80002-010 150.00

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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 # \_\_\_\_\_