2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State
02-10-2005 90049 043 ***150.00

DOCUMENT # P03000134741

1. Entity Name
PILOT SOLUTIONS, INC.

Principal Place of Business	Mailing Address
11239 SW 88TH STREET #E-115 MIAMI, FL 33176	11239 SW 88TH STREET #E-115 MIAMI, FL 33176

02032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
14630 Sw 172 St		14630 Sw 172 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami - FL		City & State: Miami - FL	
Zip: 33177	Country: USA	Zip: 33177	Country: USA.

4. FEI Number: 20-0409769 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABREU, JUAN C
11239 SW 88TH STREET #E-115
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name: Juan Carlos Pulido.
Street Address (P.O. Box Number is Not Acceptable): 14630 Sw 172 St Miami - Fl - 33177
City: Miami FL Zip Code: 33177

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: Juan Carlos Pulido [signature] 02/05/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ABREU, JUAN C 11239 SW 88TH STREET #E-115 MIAMI, FL 33176	■ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Juan Carlos Pulido 14630 Sw 172 St Miami - Fl - 33177	☐ Change ■ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 02/05/2005 407 5532358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #