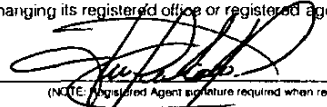
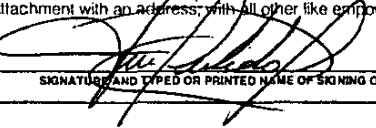


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 11239 SW 88TH STREET #E-115 MIAMI, FL 33176			Mailing Address 11239 SW 88TH STREET #E-115 MIAMI, FL 33176		
2. Principal Place of Business 14630 Sw 172 St Suite, Apt. #, etc.		3. Mailing Address 14630 Sw 172 St Suite, Apt. #, etc.			
City & State Miami - FL		City & State Miami - FL		4. FEI Number 20-0409769	
Zip 33177		Country USA		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 Polido 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 Polido  DATE 02/05/2005 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting))					
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 PST ☒ Delete NAME ABREU, JUAN C STREET ADDRESS 11239 SW 88TH STREET #E-115 CITY-ST-ZIP MIAMI, FL 33176			TITLE PST ☐ Change ☒ Addition NAME Juan Carlos Polido STREET ADDRESS 14630 Sw 172 St CITY-ST-ZIP Miami - FL - 33177		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: 			02/05/2005 407 5532358 Date Daytime Phone #		