2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056144

Entity Name: PUMP SOLUTIONS, INC

FILED Mar 02, 2009 Secretary of State

Titley Ita	ine. Town ox	520 HOIVO, IIVO.				
Current Principal Place of Business:			New Principal Place of Business:			
	NSON STREE DOD, FL 3302					
Current Mailing Address:			New Mailing Address:			
	NSON STREE DOD, FL 3302					
FEI Number	: 20-2832634	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
		E, 7TH FLOOR				
	e named entity e of Florida.	submits this statement for the p	purpose of changing its registere	ed office or registered agent, or both,		
SIGNATU	RE:					
	Electror	nic Signature of Registered Ag	ent	Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (GARCIA, DOMI 6013 JOHNSOI HOLLYWOOD,	N STREET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (GARCIA, JESU 6013 JOHNSOI HOLLYWOOD,	N STREET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (QUIJANO, JOS 6013 JOHNSOI HOLLYWOOD,	N STREET	Title: Name: Address: Citv-St-Zip:	() Change () Addition		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMINGO GARCIA	D	03/02/2009
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