


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006581
 1. Entity Name
SOLUTIONZ VIDEOCONFERENCING, INC.



Principal Place of Business 1950 SAWTELLE BLVD. #185 LOS ANGELES, CA 90025	Mailing Address 1950 SAWTELLE BLVD. #185 LOS ANGELES, CA 90025
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08092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3645853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MAHER, SEAN
 4563 PARNELL DRIVE
 SARASOTA, FL 34232**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

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	P FERNANDEZ, KIRK 11540 ROCHESTER AVE #203 LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERNANDEZ, RYAN 8050 S. MICHELE LANE TEMPE, AZ 85284
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FERNANDEZ, PEPPER 1243 WELLSLEY AVE #8 LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(f), 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 807, 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]* **8/12/05** **310-268-6644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #