

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003876 (8)

1. Corporation Name

WIN WIN SOLUTIONS, INC.



Principal Place of Business

Mailing Address

200-C VISIONS CRT.
PALM BEACH GARDENS FL 33418

200-C VISIONS CRT.
PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified
08/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 106 MOWATT CRT

26 3470 PINEWALK DR. N

4. FEI Number
65-0593483

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 SUITE #217

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

City & State

City & State

23 MARKHAM, ONTARIO

28 MARGATE, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip L3T6V8

25 Country CANADA

29 Zip 33063

30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAVJI, NIZAR
200-C VISIONS CRT
PALM BEACH GARDENS FL 33418

81 Name NIZAR LAVJI

82 Street Address (P.O. Box Number is Not Acceptable)

83 3470 PINEWALK DR. N. SUITE #217

84 City MARGATE

85 Zip Code FL 33063

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed in name of registered agent and title if applicable

(NOTE: Registered agent signature required when re-registering)

DATE

NIZAR LAVJI, PRESIDENT

25/APRIL/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD
NAME LAVJI, NIZAR
STREET ADDRESS 200-C VISIONS CRT,
CITY-ST-ZIP PALM BEACH GARDENS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

3470 PINEWALK DR. N., #217
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NIZAR LAVJI

25/APRIL/96

(954) 345-7647

Date

Daytime Phone #

CR2E034 (12/95)