

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006659

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: EXCHANGE SOLUTIONS, INC.

## Current Principal Place of Business:

95 MERRICK WAY  
SUITE 600  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

95 MERRICK WAY  
SUITE 600  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 65-0961041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BORDA, JOSE  
95 MERRICK WAY  
STE 600  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: ZELLNER, MICHAEL  
Address: 95 MERRICK WAY, STE 600  
City-St-Zip: CORAL GABLES, FL 33134

Title: PD ( ) Delete  
Name: BORDA, JOSE  
Address: 95 MERRICK WAY - SUITE 600  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: ROHNER, MARIA-ELENA  
Address: 95 MERRICK WAY - SUITE 600  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSE BORDA

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date