2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000025694

1. Entity Name

CORPORATE SOLUTIONS, LLC



FILED Apr 25, 2005 08:00 A Secretary of State

Principal Place of Business

Mailing Address

8211 WEST BROWARD BLVD., STE. 340 FT LAUDERDALE, FL 33324

8211 WEST BROWARD BLVD., STE. 340 FT LAUDERDALE, FL. 33324



01102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 03-0484686

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERKOVITS, JOE S 8211 WEST BROWARD BLVD., STE. 340 FT LAUDERDALE, FL 33324

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			
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERKOVITS, JOE S 8211 W BROWARD BLVD #340 PLANTATION, FL 33324		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAGO, JESUS A JR 8211 W BROWARD BLVD #340 PLANTATION, FL 33324		-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE		 1	

11. It 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 is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY+ST+ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/05

9544953199

Daytime Phone #