

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045168

FILED
May 09, 2006
Secretary of State

Entity Name: HOME AND BUSINESS SOLUTIONS, LLC

Current Principal Place of Business:

16418 SW 101 TERRACE
MIAMI, FL 33196

New Principal Place of Business:

16418 SW 101 TERRACE
MIAMI, FL 33196 US

Current Mailing Address:

16418 SW 101 TERRACE
MIAMI, FL 33196

New Mailing Address:

16418 SW 101 TERRACE
MIAMI, FL 33196 US

FEI Number: 20-0420070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LUSARDI, PAOLO
16418 SW 101 TERRACE
MIAMI, FL 33196 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LUSARDI, PAOLO
Address: 16418 SW 101 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LUSARDI, PAOLO
Address: 16418 SW 101 TERRACE
City-St-Zip: MIAMI, FL 33196 US

Title: MGRM () Change (X) Addition
Name: LUSARDI, UMBERTO
Address: 16418 SW 101 TERRACE
City-St-Zip: MIAMI, FL 33196 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; 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: PAOLO LUSARDI

MGRM

05/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date