

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034157

FILED
Feb 13, 2007
Secretary of State

Entity Name: CAPITAL SOLUTIONS, LLC

Current Principal Place of Business:

P.O. BOX 266603
WESTON, FL 33326

New Principal Place of Business:

2600 NW 55TH COURT
SUITE 240
FORT LAUDERDALE, FL 33309

Current Mailing Address:

P.O. BOX 266603
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-2641105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELASQUEZ, LOUIS A
1623 NEWPORT LANE
WESTON, FL 33326 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: VELASQUEZ, LOUIS A
Address: 1623 NEWPORT LANE
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: VELASQUEZ, BERITH M
Address: 1623 NEWPORT LANE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

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 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: LOUIS A. VELASQUEZ

MRG

02/13/2007

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