

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099801

Entity Name: H. B. SOLUTIONS, LLC

FILED
Jan 31, 2006
Secretary of State

Current Principal Place of Business:

2031W ATLANTIC BOULEVARD
SUITE 208
POMPANO BEACH, FL 33069 US

Current Mailing Address:

2031W ATLANTIC BOULEVARD
SUITE 208
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

2031 W ATLANTIC BOULEVARD
SUITE 208
POMPANO BEACH, FL 33069 US

New Mailing Address:

2031 W ATLANTIC BOULEVARD
SUITE 208
POMPANO BEACH, FL 33069 US

FEI Number: 20-3602394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENEDITO, HECTOR B
2031 W ATLANTIC BOULEVARD
SUITE 208
POMPANO BEACH, FL 33069 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: MGRM () Delete
Name: BENEDITO, HECTOR B
Address: 2031 NW ATLANTIC BOULEVAR, SUITE 208
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGRM (X) Delete
Name: CORREA, JOSE E
Address: 2031 NW ATLANTIC BOULEVARD, SUITE 208
City-St-Zip: POMPANO BEACH, FL 33069 US

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: HECTOR B BENEDITO

MGRM

01/31/2006

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