

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000357

FILED  
Jan 07, 2007  
Secretary of State

Entity Name: URBAN SOLUTIONZ INC.

## Current Principal Place of Business:

8335 SOUTH WEST 152 AVE  
#309  
MIAMI, FL 33193

## New Principal Place of Business:

3007 EAST FLORA STREET  
TAMPA, FL 33610

## Current Mailing Address:

PO BOX 69-5228  
MIAMI, FL 33269

## New Mailing Address:

FEI Number: 26-0033710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KENDRICK, TIOMBE  
8335 SOUTH WEST 152 AVENUE  
309  
MIAMI, FL 33193 US

## Name and Address of New Registered Agent:

KENDRICK, TIOMBE  
3007 EAST FLORA STREET  
TAMPA, FL 33610 US

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:

01/07/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ED ( ) Delete  
Name: KENDRICK, TIOMBE  
Address: PO BOX 69-5228  
City-St-Zip: MIAMI, FL 33269

Title: VP ( ) Delete  
Name: NAIRN, ROBERT  
Address: 588 NORTHWEST ST 7 COURT  
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: T ( ) Delete  
Name: TIOMBE, KENDRICK  
Address: PO BOX 69-5228  
City-St-Zip: MIAMI, FL 33269

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: MARSH, LARYSSIA  
Address: 3007 EAST FLORA STREET  
City-St-Zip: TAMPA, FL 33610

Title: T (X) Change ( ) Addition  
Name: KENDRICK, KAI  
Address: 1250 NE 21 STREET  
City-St-Zip: MIAMI, FL 33142

Title: S ( ) Change (X) Addition  
Name: CADOGAN, VONISHA S  
Address: PO BOX 69-5228  
City-St-Zip: MIAMI, FL 33269

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIOMBE KENDRICK

ED

01/07/2007

Electronic Signature of Signing Officer or Director

Date