
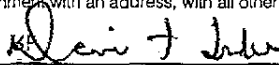


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000003190		
1. Entity Name BACK-OFFICE SOLUTIONS, INC.		
Principal Place of Business 19800 S.W. 180TH AVENUE, #183 MIAMI, FL 33187	Mailing Address 19800 S.W. 180TH AVENUE, #183 MIAMI, FL 33187	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ENRIQUEZ, STEPHEN C 19 WEST FLAGLER STREET SUITE 600 MIAMI, FL 33130		
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000532314 05/06/06-80078-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TUDOR, DIANE F 19800 S.W. 180TH AVENUE, #183 MIAMI, FL 33187	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TUDOR, DIANE F 19800 S.W. 180TH AVENUE, #183 MIAMI, FL 33187	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		4/25/06 (305) 252-9432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #