

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90007 044 ***150.00

20059207



| | | | |
|---|--|--|---|
| DOCUMENT # P00000028989 1. Entity Name A BUSINESS SOLUTION CONSULTING GROUP, INC. | | | |
| Principal Place of Business 10250 NW 50 STREET FORT LAUDERDALE, FL 33351 | | Mailing Address 10250 NW 50 STREET FORT LAUDERDALE, FL 33351 | |
| 2. Principal Place of Business | | 3. Mailing Address 11410 NW 35 ST | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | Sunrise, FL | |
| Zip | Country | Zip 33323 | Country Broward |
| 4. FEI Number 65-1002161 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JUSINO, DENISE 11410 NW 35 STREET SUNRISE, FL 33323 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JUSINO, DENISE 11410 NW 35 ST SUNRISE, FL 33323 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JUSINO, VICTOR 11410 NW 35 ST SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CARRASQUILLO, DELIA 271 REGAL DOWN CIRCLE WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Denise Jusino</i> | | Date 5/15/05 | Daytime Phone # 954-321-9762 |

ATTACHMENT

TO: FL DEPT OF STATE

20659207
P0000002889

FROM: DENISE JUSINO

DATE: MAY 15, 2005

RE: CORPORATE FILING

This is to inform you that I never received notification of my annual corporate report renewal in the mail. I am requesting that the late penalty please be waived.

Thank you.

A handwritten signature in cursive script, appearing to read "Denise Jusino". The signature is written in black ink and is positioned below the "Thank you." text.