-2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 08:00 AM Secretary of State

		REPURI		Socrat	ary of State
1. Entity Na	JMENT # P000000640 sine SOLUTIONS, INC.)18 -		Secret	ary or State
Principal Pla	ace of Business	Mailing Address			
	RIDAN STREET	417 E SHERIDAN STREET			
#129 #129 Dania Beach, Fl. 33004-4603 US Dania Beach, Fl. 33004-			on the	İ	
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4.1					Not Applicable \$8.75 Additional
				5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current Re	gistered Agent	z na koderkajanta	and white the proposition of the second	
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417 E SHERIDAN STREET #129 DANIA BEACH, FL 33004-4603		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IN THIS SPAC	E	
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2. The above	re named entity submits this statement for th	e numose of changing its registe	red office or registers	ed agent or both in the State of Florida La	on familiar with and accent
the obliga	ations of registered agent.	c purpose or ensurying near the	ten onios or ragional	ad agent, or obus, in the state of riossac.	III idifilliat Willi, and accept
SIGNATURE				at the state of th	
010.0	Signature, typed or printed name of registered agent and	ale if applicable. (NOTE: Register)	ed Agent signature required v	when reinstating) DAT	E
FIL After M	LE NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		00 May Be ad to Fees	
10.	OFFICERS AND DIF	RECTORS	1		
שנונו	PVTS		1		
NAME	DEL VALLE, MILLY		1 . ,		* .,
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12. I hereby certify that the information supplied with this filting 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 feceiver 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:

CITY-ST-ZIP

MULLY DOL SOLLE MULLY DET VALLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05

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