

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90077 037 ***150.00

DOCUMENT # P00000073749

1. Entity Name
BRILLIANTONE SOLUTIONS, INC.



Principal Place of Business
**4848 NORTHWEST 95TH AVENUE
SUNRISE, FL 33351**

Mailing Address
**4848 NORTHWEST 95TH AVENUE
SUNRISE, FL 33351**

50061414



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07132005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1035659

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'HAGIN, KRISTEN
4848 NW 95 AVENUE
SUNRISE, FL 33351**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
O'HAGIN, KRISTEN E
4848 NORTHWEST 95TH AVENUE
SUNRISE, FL 33351** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/8/05 **954-801-8230**

ATTACHMENT
SD061414

SCOTT.H. LUTWAK, C.P.A.
Certified Public Accountant
1166 W. NEWPORT CENTER DRIVE - SUITE 114
DEERFIELD BEACH, FL 33442
(954) 426-4480

June 29, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: BrilliantOne Solutions, Inc.
P00000073749

To Whom It May Concern:

I am the tax accountant for the above referenced client. Please be advised that my client did not received neither the first UBR notice nor the second, and was unable to file online without the \$400 added to her account, even though the box was checked indicating failure to receive the form., Additionally, your website did not allow for the printing out of a blank form at this time.

Accordingly, I have advised my client to remit payment in the amount of \$150, for failure to receive the correct form on time.

Please do not hesitate to contact me should you have any questions.

Sincerely,



Scott H. Lutwak

SHL/gg