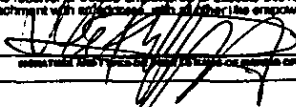


FILED
Jun 11, 2003 8:00 am
Secretary of State

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05-05-2003 90291 023 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000010502			
1. Entity Name REAL SOLUTIONS BUSINESS SERVICES, INC.			
Principal Place of Business 7120 SW 144TH CT. MIAMI, FL 33183		Mailing Address P.O. BOX 5046 MIAMI, FL 33265	
2. Principal Place of Business		3. Mailing Address 7120 SW 144 CT.	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State Miami, FL		4. FEI Number 65-1074860 -65-4881383	
Zip 33183	Country	5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, VERONICA 7120 SW 144TH CT. MIAMI, FL 33183		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 date of signature. (NOTE: Registered Agent signature required when replacing) DATE			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME: PD RODRIGUEZ, VERONICA STREET ADDRESS: 7120 SW 144TH CT. CITY-ST-ZIP: MIAMI, FL 33183		NAME: ☐ Delete ☐ Change ☐ Addition	
NAME: ☐ Delete		NAME: ☐ Change ☐ Addition	
NAME: ☐ Delete		NAME: ☐ Change ☐ Addition	
NAME: ☐ Delete		NAME: ☐ Change ☐ Addition	
NAME: ☐ Delete		NAME: ☐ Change ☐ Addition	
NAME: ☐ Delete		NAME: ☐ Change ☐ Addition	
NAME: ☐ Delete		NAME: ☐ Change ☐ Addition	
NAME: ☐ Delete		NAME: ☐ 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)(f), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with addresses, with all other like empowered.			
SIGNATURE: 		6/1/03	