

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90399 022 ***150.00

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04282005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000021183			
1. Entity Name FINANCIAL SOLUTIONS ENTERPRISES, INC.			
Principal Place of Business 2250 SW 3RD AVE MIAMI, FL 33129		Mailing Address 1550 BRICKELL AVE #415A MIAMI, FL 33129	
2. Principal Place of Business 2250 SW 3rd Ave Suite, Apt. #, etc. #205		3. Mailing Address 2250 SW 3rd Ave Suite, Apt. #, etc. #205	
City & State Miami FL		City & State Miami FL	
Zip 33129 Country		Zip 33129 Country	
4. FEI Number 65-1078017		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELASQUEZ, MONICA 1550 BRICKELL AVE #415A MIAMI, FL 33129		7. Name and Address of New Registered Agent Name VELASQUEZ, MONICA Street Address (P.O. Box Number is Not Acceptable) 2250 SW 3rd Ave, #205 City Miami FL Zip Code 33129	
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: <i>x Monica Velasquez</i> (NOTE: Registered Agent signature required when reinstating) DATE: 4/28/05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELASQUEZ, MONICA 1550 BRICKELL AVE #415A MIAMI, FL 33129 <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	D TAVERA, MARLON 1550 BRICKELL AVE #415A MIAMI, FL 33129 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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>x [Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 4/28/05 Daytime Phone #	