

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90024 040 ***150.00

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1. Entity Name

BYTEWISE SOLUTIONS, INC.



Principal Place of Business

13378 NW 42ND AVE
OPA LOCKA FL 33054

Mailing Address

13378 NW 42ND AVE
OPA LOCKA FL 33054

2. Principal Place of Business

12951 N. OKEECHOBEE RD.

Suite, Apt. #, etc.

UNIT 1

3. Mailing Address

12951 N. OKEECHOBEE RD.

Suite, Apt. #, etc.

UNIT 1

City & State

HIALEAH GARDENS

Zip

FL-33018

Country

USA

City & State

HIALEAH GARDENS

Zip

FL-33018

Country

USA

4. FEI Number

65-1088985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOTWANA, SUNIL N
13378 NW 42ND AVE
OPA LOCKA FL 33054

7. Name and Address of New Registered Agent

Name

JOTWANI, SUNIL N

Street Address (P.O. Box Number is Not Acceptable)

12951 N. OKEECHOBEE RD.

UNIT 1

City

HIALEAH GARDENS

FL

Zip Code

33018

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 constituting)

DATE

3/13/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME JOTWANI, SUNIL N
STREET ADDRESS 13378 NW 42ND AVE
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

TITLE D
NAME JOTWANI, KIRAN S
STREET ADDRESS 13378 NW 42ND AVE
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

3/13/06 (954) 558-3411