


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000035686	
1. Entity Name PUBLIC SECTOR SOLUTIONS, INC.	

Principal Place of Business 11380 PROSPERITY FARMS RD SUITE 101, C/O ANDREW PASTOR PALM BEACH GARDENS, FL 33410	Mailing Address 11380 PROSPERITY FARMS RD SUITE 101, C/O ANDREW PASTOR PALM BEACH GARDENS, FL 33410
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01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1110530	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PASTOR, ANDREW E ESQ 11380 PROSPERITY FARMS RD, STE 101 PALM BEACH GARDENS, FL 33410
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SOKOL, MARSHALL D 2121 K ST, NW, SUITE 800 WASHINGTON, DC 20037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST SOKOL, JOAN B 2121 K ST, NW, SUITE 800 WASHINGTON, DC 20037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000248412  
03/02/05-80029-006 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: Joan B Sokol - JOAN B-SOKOL USE 2/17/2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #