


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90364 040 ***158.75

DOCUMENT # P01000041594					
1. Entity Name INFOSYS SOLUTIONS INC.					
Principal Place of Business 154 BRIGHTVIEW DRIVE LAKE MARY, FL 32746			Mailing Address 154 BRIGHTVIEW DRIVE LAKE MARY, FL 32746		
2. Principal Place of Business 599 MILANO CT Suite, Apt. #, etc.		3. Mailing Address 599 MILANO CT Suite, Apt. #, etc.			
City & State SANFORD, FL Zip: 32771 Country: USA		City & State SANFORD, FL Zip: 32771 Country: USA		04132004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3713302				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESPARZA-ZIEROLF, KELLY F 154 BRIGHTVIEW DRIVE LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: 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: <u>Kelly Esparza-Zierolf</u> DATE: <u>4/12/04</u> <small>(Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when re-registering).)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	DPS ESPARZA-ZIEROLF, KELLY F 154 BRIGHTVIEW DRIVE LAKE MARY, FL 32746		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: <u>Kelly Esparza-Zierolf</u> PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/12/04</u> DAYTIME PHONE #: <u>407-474-0905</u>		