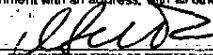


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90194 028 ***150.00

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

DOCUMENT # P01000051465		
1. Entity Name F1 SOLUTIONS, INC.		
Principal Place of Business 6704 CANARY PALM CIR BOCA RATON, FL 33433		Mailing Address 6704 CANARY PALM CIR BOCA RATON, FL 33433
2. Principal Place of Business 100 GOLDEN ISLES DR		3. Mailing Address 100 GOLDEN ISLES DR
Suite, Apt. #, etc. # 1411		Suite, Apt. #, etc. # 1411
City & State HALLANDALE, FL		City & State HALLANDALE, FL
Zip 33009		Country USA
4. FEI Number 85-1107730		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NEMTSEV, IRINA ESQ 20801 BISCAYNE BLVD SUITE 605 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when electing) Signature, typed or printed name of registered agent and title if applicable. 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SYROYEZHKO, INNA 1817 SOUTH OCEAN DRIVE #PH25 HALLANDALE, FL 33009		☒ Delete
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 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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: 		4-28-03 954-907-6776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date

10100873



☒ CHECK HERE IF MAKING CHANGES

CRP034 (10/02)