


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000062686 1. Entity Name MIAMI INFORMATION SOLUTIONS, INC.	
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Principal Place of Business 5409 NW 74 AVE. MEDLEY, FL 33166	Mailing Address 5409 NW 74 AVE. MEDLEY, FL 33166
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CAMPEN, GEOFFREY W 7876 NW 170 TERR. MIAMI, FL 33015

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CAMPEN, GEOFFREY W 5409 NW 74 AVE. MIAMI, FL 33166
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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)(f), 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>Geoffrey W Campen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Monday</u> <u>05/02/05</u> <small>Date</small>	<u>305 312 4229</u> <small>Daytime Phone #</small>
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