

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

FILED
May 22, 2003 8:00 am
Secretary of State

05-01-2003 90140 024 ***158.75

DOCUMENT # P01000092733

1. Entity Name
SOLUTIONS-LOUISIANA, INC.



Principal Place of Business
**1108 KANE CONCOURSE
SUITE 307
BAL HARBOR ISLAND FL 33154**

Mailing Address
**1108 KANE CONCOURSE
SUITE 307
BAL HARBOR ISLAND FL 33154**

14-1879789



2. Principal Place of Business

3. Mailing Address

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WASHINGTON, LYNN C
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131**

Name **HAIMAN, BARRY**
Street Address (P.O. Box Number is Not Acceptable)
**1108 KANE CONCOURSE, STE. 307
BAY HARBOR ISLAND**
City **FL** Zip Code **33154**

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 *Barry Haiman*

4-21-03

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **HAIMAN, BARRY**
STREET ADDRESS **1108 KANE CONCOURSE - SUITE 307**
CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**

TITLE Change Addition
NAME **HAIMAN, BARRY**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *SIGNATURE REQUIRED*

4-21-03 305-865-4555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)