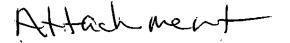
2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Name	MENT # P0100009 SOLUTIONS,INC.	7906			07-19-2004	ł 90002 037 ** [:]	*150.00
Principal Place	*	Mailing Address				5406	2014
2407 W. MISS B	SISSIPPI AVE	2407 W. MISSISSIPPI A B	WE		•	5,300	1014
TAMPA, FL 3	3629	TAMPA, FL 33629		. 			
2. Principal Pl	ace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302004	Chg-P	CR2E034 (10/03)
City & State		City & State		4. FEI Numb 59-375		.	Applied For Not Applicable
Zip	Country	Zip	Country	1	e of Status Desired	S8.75 A	
	6. Name and Address of Currer	nt Registered Agent	.,,	V	d Address of New Re	gistered Agent	
DIAZ, DAN				Name Diaz, Eddie H.			
2405 W. M TAMPA, FL	ISSISSIPPI AVE			ddress (P.O. Box Numb			
IOM O	(150	05 N. Flo	rida Avé	· ·	
	•		City	impa		FL Zip Co	°33602
	named entity submits this statement ons of registered agent.	for the purpose of changing its	registered office or	registered agent, or bo	oth, in the State of Flori	da. I am familiar wit	h, and accept
SIGNATURE						DATE	
	Signature, typed or printed name of registered age	int and title if applicable. (NOT	E: Hegistered Agent signatu	re required when reinstating)	1	DATE	
FILI After Ma	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550	9. Election Campa Trust Fund Conf		\$5.00 May Be Added to Fees			
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS	.I /CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 11
TITLE	P	Delete	TITLE			Change	e 🔲 Addition
NAME STREET ADDRESS	DIAZ, DANIEL J 1505 N FLORIDA AVE		NAME STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP				
TITLE	VP	☐ Delete	TITLE	President	•	Change	e 🔲 Addition
NAME STREET ADDRESS	DIAZ, EDDIE H 1505 N FLORIDA AVE		NAME STREET ADDRESS				,
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP	Í	-		
INLE		☐ Deleta	TITLE		••	Change	e 🔲 Addition
NAME STREET ADDRESS	•	•	NAME Street Adoress			=	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	'	☐ Delete	TITLE		*****	☐ Change	e 🔲 Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	e 🔲 Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP	,		CITY-ST-ZIP				
TRLE		☐ Delete	TITLE			☐ Chango	e 🔲 Addition
NAME STREET ADDRESS			NAME Street adoress				
CITY-ST-ZIP	_		CITY-ST-ZIP				
12. I hereby of the core	certify that the information supplied on this report or supplemental report poration or the receiver of trustee and or on an attacking the supplemental trustee and or on an attacking the supplemental trustee and or on an attacking the supplemental trustees.	rith this filing does not qualify to	or the exemption starmy signature shall h	ted in Section 119.07(3 lave the same legal effe)(i), Florida Statutes. I i	further certify that the ath; that I am an offic appears in Block 10	e information cer or director
changed,	or on an attactime it with a vandres	with all other like empowered	Ti				4

SIGNATURE;

7/15/04 Date 813 221 2821



Page 1 of 2



Division of Corporations

54063014

Annual Report

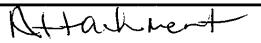
Page 1

Document Number P01000097906 **Business Entity Name**

ON	ILINE SOLUTIONS,INC.			
FEI Number	593752872			
FEI Number Status	O Applied For O Not Applicable O Current			
Certificate of Status Des	sired O Yes O No			
D.	· 1791			
	ncipal Place of Business			
Address	1505 North Florida Avenue			
Suite, Apt. #, etc.				
City, State	TAMPA , FL			
Zip Code & Country	33602 .			
	Moiling Addunes			
	Mailing Address 1505 North Florida avenue			
Address	1505 North Florida avenue			
Suite, Apt. #, etc.				
City, State	TAMPA , FL			
Zip Code & Country	33602			
Name An	nd Address of Registered Agent			
Name (Last, First, Middle, Title)	gar the state of t			
-or- RA Business Name				
Address	1505 North Florida Avenue			
Suite, Apt. #, etc.				
City, State	TAMPA			
Zip Code & Country	33602			

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

Registered Agent Signature Eddie H. Diaz



Page 2

Document Number P01000097906 Business Entity Name ONLINE SOLUTIONS,INC.

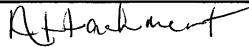
Election Campaign Financing Trust Fund Contribution O Yes

No

Officer/Director Name And Address

Title	Р	•			
Name (Last, First, Middle, Title)	DIAZ	Eddie	H		
-or- Entity Name	-			- -	
Street Address	1505 N FLORIDA AVE				
City, State	TAMPA		, FL		
Zip Code & Country	33602				
	[
Title			terminent ferminent ferminent		
Name (Last, First, Middle, Title)					
-or- Entity Name					
Street Address	The second secon			ا فسسسيعده سري	
City, State			.,		
Zip Code & Country	1			-	
Title					
			1		
Name (Last, First, Middle, Title)			<u> </u>	<u> </u>	
-or- Entity Name	No. 10 No. 100 10 10 10 10 10 10 10	er offen er er gar bage er et gar 			
Street Address	Light to the same of the same			والتا والمعالمين المعالمين المعارض	
City, State	1				
Zip Code & Country	ļ i				
Title				•	
Name (Last, First, Middle, Title)	Property and the second	[
-or- Entity Name	- Will be Apple and a second			i	
Street Address			!		
City, State		T and hear (market) and			
Zip Code & Country					
,,	<u> </u>	1			
Title					

Division of Corporations	Atta	the March	Page 2 of 2
Name (Last, First, Middle, Title)		" porou	6063014
Street Address City, State Zip Code & Country			
Title Name (Last, First, Middle, Title)		· ·	
-or- Entity Name Street Address City, State			
Zip Code & Country O List more than six Officers	/Directors No add	itional Officers/Dire	ctors to list
An individual named a 'Officer/Director Signa allowed in this block. Title Officer/Director Signa	above must type their nature' block below. A co	ame in the	



Page 1 of 1



Division of Corporations

5406301

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: P01000097906

Tracking Number: 600031996706

The charge for your Annual Report is \$150.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

Continue

Sunbiz Home Page

Public Access Help

Attachment 54063014 Voc. 72 \$01000097906

July 15, 2004

Online Solutions 1505 N. Florida Ave. Tampa, FL 33602

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

We were unaware of any problems with our corporate filings until this week. It seems that this notice was delivered to our previous address of Mississippi Ave. We have since moved to our current Florida Ave. address. We apologize for any inconvenience this has caused.

Thank you,

Eddie H. Diaz, Pres.