


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90144 025 ***150.00

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DOCUMENT # P01000109955	
1. Entity Name PC S@LUTIONS, CORP.	

Principal Place of Business 1351 N.E. MIAMI GARDENS DRIVE SUITE 402E N MIAMI BEACH FL 33179	Mailing Address 1351 N.E. MIAMI GARDENS DRIVE SUITE 402E N MIAMI BEACH FL 33179
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2. Principal Place of Business 1351 NE MIAMI GARDENS DR Suite, Apt. #, etc. SUITE 402E City & State NORTH MIAMI BEACH, FL. Zip 33179 Country	3. Mailing Address 1351 NE MIAMI GARDENS DR Suite, Apt. #, etc. SUITE # 402E City & State NORTH MIAMI BEACH, FL. Zip 33179 Country
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1154783	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OCHOA, IVAN D 1351 N.E. MIAMI GARDENS DRIVE SUITE 402E N MIAMI BEACH FL 33179	
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 Ivan D. Ochoa - President. DATE 04-30-03

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

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OCHOA, IVAN D 1351 N.E. MIAMI GARDENS DRIVE STE 402E N MIAMI BEACH FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUIRAGO, GLORIA S 1351 N.E. MIAMI GARDENS DRIVE STE 402E N MIAMI BEACH FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the empowered.

SIGNATURE: SIGNATURE REQUIRED President DATE 04-30-03 305-354-843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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