2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 08:00 AN Secretary of State

ANNUAL REPURI				Tipi 24, 2000 00:00		
1. Entity Nam	MENT # P010001172 AN PROCUREMENT SOLUT			i	Seci	retary of Sta
Principal Plac 10916 SW 7 MIAMI, FL 3	5 TERRACE	Mailing Address 10916 SW 75 TERRACE MIAMI, FL 33173			Han fa nk as na asna nkak na	
Ċ	O NOT WRITE	IN THIS SPA	CE		No Chg-P CR2	Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Reg	istered Agent		<u> </u>		
MIAMI, FL	75 TERRACE	e purpose of changing its registere	ed office or registe	IN TH	OT WRIT	E
	one or regional again.	3 · · · · · ·				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature r				red when reinstating) DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar 7. Trust Fund Contribution. 9. Election Campaign Finar 9. Election Campaign Finar	·	.00 May Be ded to Fees		
10.	OFFICERS AND DIR	ECTORS		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESLER, MARY E 10916 SW 75 TERR MIAMI, FL 33173			· "(.000000919 05/14/08-800	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•		,as [*]
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	OT WRIT	Γ E ,

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/ 12/4

IN THIS SPACE

(305)273-7970

Daytime Phone #