

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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90278 033 \*\*\*158.75

**DOCUMENT #** P020000000031  
**1. Entity Name**  
 Complete Business Soft Solutions, Inc.

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11013915

<b>2. Principal Place of Business</b> Complete Business Soft Solutions, Inc. Suite, Apt. #, etc. 4271 Willow Pond Cir City & State West Palm Beach, FL Zip 33417		<b>3. Mailing Address</b> Suite, Apt. #, etc. 4271 Willow Pond Cir City & State West Palm Beach, FL Zip 33417	
Country USA		Country USA	

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<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 80-0003091		Applied For Not Applicable
	<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	<b>7. Name and Address of Current Registered Agent</b>		
	Name Venkata S. Palanati Street Address (P.O. Box Number is Not Acceptable) 4271 Willow Pond Cir City West Palm Beach FL Zip Code 33417		

**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.

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

<b>9.</b> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	President Venkata S. Palanati 4271 Willow Pond Cir West Palm Beach FL - 33417	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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**13.** 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 11 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  (VENKATA S. PALANATI) 04/14/03 (561) 615 4239  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)