

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000002343

FILED
Mar 16, 2004
Secretary of State

Entity Name: INTROSPECTIVE SOLUTIONS, INC.

Current Principal Place of Business:

8100 GENEVA CT
C440
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8100 GENEVA CT
C440
MIAMI, FL 33166

New Mailing Address:

FEI Number: 04-3588593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ELMORE, MARTIN L
Address: 10821 SOUTHWEST 117 STREET
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: TRAVIESO, JOSE JR
Address: 10265 SOUTHWEST 35 TERRACE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STUART, KIRK
Address: 2264 SALERNO CIRCLE
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN ELMORE

D

03/16/2004

Electronic Signature of Signing Officer or Director

_____ Date