## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000066568

City-St-Zip: MIAMI, FL 33166

FILED May 01, 2006 Secretary of State

Entity Nan	ne: INSWITCH	SOLUTIONS, INC.				
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:		
7247 NW 5 248 MIAMI, FL			7247 NW 54 STREE SUITE 248 MIAMI, FL 33166	:T		
Current Mailing Address:			New Mailing Addre	New Mailing Address:		
16300 NE STE C NORTH MI	19 AVE AMI BEACH, FL	. 33162	5220 S UNIVERSITY STE C-102 DAVIE, FL 33328	'DR		
FEI Number:	02-0620028	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and	Address of Cu	rrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:		
SILVA'S ENTERPRISE, INC. 16300 NE 19 AVE STE C NORTH MIAMI BEACH, FL 33162 US The above named entity submits this statement for the purpose of			5220 S UNIVERSITY STE C-102 DAVIE, FL 33328 U	DAVIE, FL 33328 US		
in the State	eorfiorida. RE: FERNAND	O CIL V/A		05/01/2006		
SIGNATUR		Signature of Registered Ager	t	Date		
Election Can	ce with s. 607.193( npaign Financing 1	2)(b), F.S., the corporation did not rust Fund Contribution ( ).	receive the prior notice.			
OFFICERS	S AND DIRECT	JKS:		GES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () D FERNANDEZ, DA 7247 NW 54 STR MIAMI, FL 33166	NIEL G EET #248	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VD () C SULIMOVICH, MA 7247 NW 54 STR MIAMI, FL 33166	EET #248	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name:	SD () D MOREIRA, DARIO	) A	Title: Name:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

	SIGNATURE:	DANIEL FERNANDEZ	PD	05/01/2006
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