

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90021 034 \*\*\*150.00

<b>DOCUMENT # P02000081594</b>					
<b>1. Entity Name</b> RETIREMENT SOLUTIONS, INC.					
<b>Principal Place of Business</b> 2981 W.S.R. 434, STE 100 LONGWOOD, FL 32779			<b>Mailing Address</b> 2981 W.S.R. 434, STE 100 LONGWOOD, FL 32779		
<b>2. Principal Place of Business</b> 127 W. Church Ave Suite, Apt. #, etc.		<b>3. Mailing Address</b> 127 W. Church Ave Suite, Apt. #, etc.			
<b>City &amp; State</b> LONGWOOD FLORIDA		<b>City &amp; State</b> LONGWOOD FLORIDA		<b>4. FEI Number</b> 75-3074818	
<b>Zip</b> 32750		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SUAREZ, LOUIS 2981 W.S.R. 434, STE 100 LONGWOOD, FL 32779				<b>7. Name and Address of New Registered Agent</b> Name: SUAREZ, LOUIS Street Address (P.O. Box Number is Not Acceptable): 127 W Church Avenue City: LONGWOOD FL Zip Code: 32750	
<b>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.</b> SIGNATURE: <i>Louis Suarez</i> Director <i>Louis Suarez</i> 2/6/04 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, LOUIS <input type="checkbox"/> Delete 2981 W.S.R. 434, STE 100 LONGWOOD, FL 32779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORANT, FRANK <input type="checkbox"/> Delete 2981 W.S.R. 434, STE 100 LONGWOOD, FL 32779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 like empowered.</b>					
<b>SIGNATURE:</b> <i>Louis Suarez</i> Director <i>Louis Suarez</i> 2/6/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					