


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90179 043 ***150.00

DOCUMENT # P02000088178			
1. Entity Name CPA NETWORK SOLUTIONS, INC.			
Principal Place of Business 9341 E. BAY HARBOR DR. #3 B MIAMI BEACH, FL 33154		Mailing Address 9341 E. BAY HARBOR DR. #3 B MIAMI BEACH, FL 33154	
2. Principal Place of Business <i>3309 Bradenham Lane</i> Suite, Apt. #, etc.		3. Mailing Address <i>3309 Bradenham Lane</i> Suite, Apt. #, etc.	
City & State <i>Davie FL</i>		City & State <i>Davie FL</i>	
Zip <i>33328</i>		Zip <i>33328</i>	
Country <i>US</i>		Country <i>US</i>	
4. FEI Number 14-1842422		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHABAN, ISABEL 9141 E. BAY HARBOR DRIVE #3B MIAMI, FL 33122		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 the registered agent.			
SIGNATURE <i>[Signature]</i> <small>Signature typed printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE <i>4/10/06</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHABAN, ISABEL 9341 E. BAY HARBOR DRIVE #3B BAY HARBOR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>3309 Bradenham Lane</i> <i>Davie FL 33328</i> <input checked="" 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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report of 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 <i>[Signature]</i> <small>SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <i>4/10/06</i> <small>Date</small> Daytime Phone #	