

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90050 041 ***150.00

DOCUMENT # P02000106116																							
1. Entity Name CUSTOMIZED SOLUTIONS SERVICES, INC.																							
Principal Place of Business 1681 N.W. 107 LANE PLANTATION, FL 33322			Mailing Address 1681 N.W. 107 LANE PLANTATION, FL 33322																				
2. Principal Place of Business																							
Suite, Apt. #, etc.																							
City & State			City & State																				
Zip		Country		3. FEI Number 72-0037927																			
4. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																							
5. Name and Address of Current Registered Agent CAMPAGNA, GIUSEPPE 1681 N.W. 107 LANE PLANTATION, FL 33322			6. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																				
7. 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.																							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)																							
Signature, typed or printed name of registered agent and title if applicable.																							
8. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00																							
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS																							
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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.																							
SIGNATURE:																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																							
Date 2/23/04 954-472-2097																							