FILED Apr 28, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000107259 1. Entity Name TITAN SOLUTIONS, INC.					Secretary of State 04-28-2003 91384 002 ***150.00
Principal Place 7283 PANACH BOCA RATON		Mailing Address 7283 PANACHE WAY BOCA RATON FL 33433			
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES
City & State		City & State		<u> </u>	4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Count	ry 	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.				Street Address	hy F. Beanley (P.O. Box Number is Not Acceptable Bup # 200)
4TH FLOC)R				
MIAMI FL 33145				City Fr	Laudendale FL Zip Code 3330,
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.					
SIGNATURE Control to the control of					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be					
Make Check Payable to Florida Department of State					
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PTD EDEDEDICK	☐ Delete	TITLE		Change Addition
NAME	KASSNER, FREDERICK		NAME	K	ASSIGN, FREDERICK
STREET ADDRESS	7283 PANACHE WAY			T ADDRESS 7	283 PANACHE WAY
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-	ST-ZIP	BOCA RATON, PL 33433
TITLE	VSD	Delete	TITLE		CZ VESSIOZNY Change Addition
NAME	WEISS, BARBARA		NAME	T	olle Elmaidge Drave
STREET ADDRESS	7283 PANACHE WAY			ľ	
CITY-ST-ZIP	BOCA RATON FL 33433		CHY-	ST-ZIP	Boca Raton, FL 33433
TITLE		Delete	TITLE NAME	Se	
NAME STREET ADDRESS				T ADDRESS 12	IS Z. BROWARD BLUD #200
CITY-ST-ZIP				ST-ZIP	15 Z. BERNARO BLUD #ZDD F-Lauozupale, FL 33301
TITLE		□ Delete	TITLE	l l	Change Addition
NAME		_ Boloto	NAME	ſ	
STREET ADDRESS			STREE	T ADDRESS	
CITY-ST-ZIP			CITY-	ST-ZIP	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME		3	NAME	1	
STREET ADDRESS			STREE	T ADDRESS	
CITY-ST-ZIP		<u></u>	CITY-	ST-ZIP	
TITLE		□ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			•	T ADDRESS	
CITY-ST-ZIP			CITY-S	ST-ZIP	
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

STATE DE QUIRED NATION AND OFFICER OR DIRECTOR

4.1.03

954-523 66

Daytime Phone #