2003 FOR PROFIT CORPORATION

Mailing Address

APT. #1311

1317 ST. TROPEZ CIRCLE

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000132603

1. Entity Name

APT. #1311

Principal Place of Business

1317 ST. TROPEZ CIRCLE

COMPLEX SOLUTIONS, INC.

FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90229 025 ***150.00

WESTON FL 3	33326	WESTON FL 33326						
	Place of Business	3. Mailing Address				HOL 11000 11110 11111 0		
	3 N.W. 53 THEET		53 rd 51	reet				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF N	MAKING CHANGES		
City & Stat		City & State	\		4. FEI Number	Ap	plied For	
SUNRISE, FL SUNRISE,			FL		55-0809682		ot Applicable	
^{Zip} 333	351 USA	^{Zip} 33351	Country USA		5. Certificate of Status Desired	S8.75 Add		
	6. Name and Address of Current F	Registered Agent	Name		7. Name and Address of New Regis	stered Agent		
GERO, THOMAS A				rvanie				
	Street A	Street Address (P.O. Box Number is Not Acceptable)						
300 S. PINE ISLAND ROAD								
SUITE 237 PLANTATION FL 33324-2631				- 17: Out				
PLANIAII	UN FL 33324-2631		City			FL Zip Code	e 	
	named entity submits this statement for	the purpose of changing its re	egistered office o	r registere	ed agent, or both, in the State of Florida	a. I am familiar with,	and accept	
the obligat	tions of registered agent.							
SIGNATURE .	£.,	ALONE MANAGEMENT (ALONE)	Di-t		Lubra rainatata)	DATE		
	Signature, typed or printed name of registered agent ar	nd tate if applicable. (NO1E:	Registered Agent signa	ure required	when reinstating)			
_	TILE NOW!!! FEE IS \$150.00				9. Election Campaign Finance	ing _ \$5.0	0 May Be	
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			Trust Fund Contribution.	☐ Added	i to Fees	
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	5 IN 11	
TITLE	Δ	☐ Delete	TITLE	S/T		☐ Change	Addition	
NAME	PATANIA, JAMES		NAME	موارج أ	en L. PATANIA ,	211		
STREET ADDRESS	1317 ST. TROPEZ CIRCLE #1311		STREET ADDRESS		ST TROPEZ CIRCLE #1	211		
CITY-ST-ZIP	WESTON FL 33326		CITY-ST-ZIP	WES	STON, FL 33326		The same of	
ntle : Name		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME	And the Control of th	a . Marking State at	NAME* ~~~			~		
STREET ADDRESS			STREET ADDRESS		•			
CITY-ST-ZIP			City-St-Zip	ļ <u>.</u>				
ritle Name		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
IAME			NAME					
STREET ADDRESS]		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE NAME			☐ Change	Addition	
NAME STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
I2. I hereby o	certify that the information supplied with t	this filing does not qualify for t	he exemption sta	ted in Se	ction 119.07(3)(i), Florida Statutes. I fur	ther certify that the in	nformation	
indicatéd	on this report or supplemental report is poration or the receiver or trustee empore	true and accurate and that my	/ signature shall h	ave the s	same legal effect as if made under oath	; that I am an officer o	or director	
	, or on an attachment with an address, w							

SIGNATURE:

954-385-3602