


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90065 026 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P03000014140</b>                           |  |
| 1. Entity Name<br><b>HIGH SOLUTION TECHNOLOGY, CORP.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>42 NW 27TH AVENUE<br/>SUITE 101<br/>MIAMI, FL 33125</b> | Mailing Address<br><b>42 NW 27TH AVENUE<br/>SUITE 101<br/>MIAMI, FL 33125</b> |
|---|---|

40014023



|  |  |
|--|--|
| 2. Principal Place of Business<br><b>9840 SW 20 ST</b> | 3. Mailing Address<br><b>9840 SW 20 ST</b> |
| Suite, Apt. #, etc.                                    | Suite, Apt. #, etc.                        |

01312005 Chg-P CR2E034 (10/03)

|                                 |                                 |
|---------------------------------|---------------------------------|
| City & State<br><b>MIAMI FL</b> | City & State<br><b>MIAMI FL</b> |
| Zip<br><b>33165</b>             | Country                         |
| Country                         | Zip<br><b>33165</b>             |
| Country                         | Country                         |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>13-4237397</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>PALACIO, ALBERTO R<br/>42 NW 27TH AVENUE<br/>SUITE 101<br/>MIAMI, FL 33125</b> |  |
|--|--|

|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9840 SW 20 ST</b><br>City<br><b>MIAMI</b> FL Zip Code<br><b>33165</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.

SIGNATURE  **ALBERTO R PALACIO** DATE **01/31/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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|  |   |   |   |
|--|---|---|---|
| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>PALACIO, ALBERTO R<br>42 NW 27TH AVENUE, SUITE 101<br>MIAMI, FL 33125 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>9840 SW 20 ST<br/>MIAMI FL 33165</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>LEYVA, MARTA<br>42 NW 27TH AVENUE, SUITE 101<br>MIAMI, FL 33125 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>9840 SW 20 ST<br/>MIAMI FL 33165</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:  **ALBERTO R PALACIO - PRES** DATE **01/31/05** DAYTIME PHONE # **(305) 222-4753**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR