

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041527

FILED
Apr 25, 2007
Secretary of State

Entity Name: MIAMI BUSINESS SOLUTIONS, INC.

Current Principal Place of Business:

2073 SW 57TH CT
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

2073 SW 57TH CT
MIAMI, FL 33155

New Mailing Address:

FEI Number: 06-1690782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRALLES, EDUARDO PD
2073 SW 57TH COURT
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIRALLES, EDUARDO
Address: 2073 SW 57TH COURT
City-St-Zip: MIAMI, FL 33155

Title: PTD () Delete
Name: CAPULLA, MONICA B
Address: 2073 SW 57TH CT
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MIRALLES, EDUARDO
Address: 2073 SW 57TH COURT
City-St-Zip: MIAMI, FL 33155

Title: VPTD (X) Change () Addition
Name: CAPULLA, MONICA B
Address: 2073 SW 57TH CT
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO MIRALLES

PSD

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date