

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P03000053487

1. Entity Name

**MONEY SAVERS SOLUTIONS, INC.**



FILED

05 OCT -7 PM 4:33

**DO NOT WRITE IN THIS SPACE**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT 05**

**100060353221**

10/07/05--01038--024 \*\*150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**424 S. W. 22nd AVENUE**

3. Mailing Address

**424 S. W. 22nd AVENUE**

Suite, Apt. #, etc.

**SUITE 1**

Suite, Apt. #, etc.

**SUITE 1**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33135**

Country

**MIAMI DADE**

Zip

**33135**

Country

**MIAMI DADE**

4. FEI Number

**52-2444402**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**JOHNNY ROBSON**

Street Address (P.O. Box Number is Not Acceptable)

**424 S. W. 22nd AVENUE, SUITE 1**

City

**MIAMI**

State

**FL**

Zip Code

**33135**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
JOHNNY ROBSON  
424 S.W. 22nd AVENUE, Suite 1  
MIAMI, FL 33135**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY/TREASURER  
JIMMY MEJIA  
424 S. W. 22nd AVENUE, Suite 1  
MIAMI, FL 33135**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHNNY ROBSON**

Date

**10-5-05**

Daytime Phone #

**786-286-0950**

CR2E034B (12/02)

MONEY SAVERS SOLUTIONS, INC  
424 SW 22<sup>ND</sup> AVENUE, SUITE 1  
MIAMI, FL 33135

October 5, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Annual report for 2005- # PO3000053487

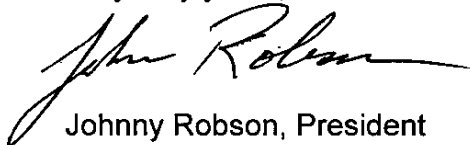
Dear Sir:

Enclosed is my annual report and my check in the amount of \$150. I never received an annual report (UBR) for "2005" or a past due notice.

Please accept this check and waive any penalty. I am a small business and a penalty would create a hardship for me.

Thank you for your consideration.

Very truly yours,

A handwritten signature in black ink, appearing to read "Johnny Robson", written in a cursive style.

Johnny Robson, President