


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000055314 1. Entity Name NOI-SOLUTIONS, CORP.	
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Principal Place of Business 4440 NW 73RD AVENUE MIAMI, FL 33166	Mailing Address POST OFFICE BOX 025233 MIAMI, FL 33102
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DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0114968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MAZZA-MARTINEZ, TANIA A
780 NW 42 AVE., SUITE 420
MIAMI, FL 33126

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUDANO, MARISELA 780 NW 42 AVE., SUITE 420 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, JAVIER 780 NW 42 AVE., SUITE 420 MIAMI, FL 33126
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAVIER GARCIA  Feb. 24, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #