

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90253 007 ***158.75

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000080053			
1. Entity Name WISE THINKERS BUSINESS SOLUTIONS, INC.			
Principal Place of Business 320 BLACK OAK CT 201 ALTAMONTE SPRINGS, FL 32701		Mailing Address 1156 W SR 436 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business		3. Mailing Address 320 BLACK OAK CT.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 201	
City & State		City & State ALTAMONTE SPRINGS, FLORIDA	
Zip	Country	Zip	Country
32701		32701	USA
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
86-1074114			
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PARRA, ZOLDY Y MR. 10206 PLANTATION LAKES CIR. SANFORD, FL 32771		Name HERREIRA, LUIS B. Street Address (P.O. Box Number is Not Acceptable) 320 BLACK OAK CT. APTD 201 City ALTAMONTE SPRINGS FL Zip Code 32701	
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.		DATE 04/25/2004 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HERRERA, LUIS B MR. 320 BLACK OAK CT. #201 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MORENO, OLGA A MRS. 320 BLACK OAK CT. #201 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PARRA, ZOLDY Y MR. 10206 PLANTATION LAKES CIR SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR PARRA, ZOLDY Y 1175 LAKE SHADOW CIRCLE APTD. 4106 MAITLAND, FLORIDA 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ABAD, YESENIA C MRS. 10206 PLANTATION LAKES CIR SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR ABAD, YESENIA C. 1175 LAKE SHADOW CIRCLE APTD. 4106 MAITLAND, FLORIDA 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 04/25/2004 Daytime Phone # 407-310-2248	