

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90276 033 ***158.75

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

320 BLACK OAK CT
201
ALTAMONTE SPRINGS FL 32701



2. Principal Place of Business

7721 NW 7th ST.

3. Mailing Address

7721 NW 7th ST.

Suite, Apt. #, etc.

704

Suite, Apt. #, etc.

704

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

USA

Zip

33126

Country

USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

86-1074114

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRERA, WIS B
320 BLACK OAK CT.
APT. 201
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name: HERRERA, LUIS B.
Street Address (P.O. Box Number is Not Acceptable)
7721 NW 7th ST. # 704
City: MIAMI FL Zip Code: 33126

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

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: DIR
NAME: HERRERA, LUIS B MR.
STREET ADDRESS: 320 BLACK OAK CT. #201
CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE: DIR
NAME: MORENO, OLGA A MRS.
STREET ADDRESS: 320 BLACK OAK CT. #201
CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE: DIR
NAME: PARRA, ZOLDY Y MR.
STREET ADDRESS: 1175 LAKE SHADOW CIR., APT. 4106
CITY-ST-ZIP: MAITLAND FL 32751 ☐ Delete

TITLE: D
NAME: ABAD, YESENIA C MRS.
STREET ADDRESS: 1175 LAKE SHADOW CIR., APT. 4106
CITY-ST-ZIP: MAITLAND FL 32751 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DIR
NAME: HERRERA, LUIS B. MR.
STREET ADDRESS: 7721 NW 7th ST. # 704
CITY-ST-ZIP: MIAMI, FL 33126 ☒ Change ☐ Addition

TITLE: DIR
NAME: MORENO, OLGA A. MRS.
STREET ADDRESS: 7721 NW 7th ST. # 704
CITY-ST-ZIP: MIAMI, FL 33126 ☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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

Daytime Phone #

LUIS B. HERRERA

04/11/05

786-3889106