

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102756

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: CAPITAL BUSINESS SOLUTIONS INC.

## Current Principal Place of Business:

16623 NE 19TH AVE  
NORTH MIAMI BEACH, FL 33162 US

## New Principal Place of Business:

## Current Mailing Address:

16623 NE 19TH AVE  
NORTH MIAMI BEACH, FL 33162 US

## New Mailing Address:

FEI Number: 80-0197314

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERMIACHKIN, VICTOR  
470 NE 123 ST  
MIAMI, FL 33161 US

## Name and Address of New Registered Agent:

PERMIACHKIN, VICTOR  
16623 NE 19TH AVE  
MIAMI, FL 33162 US

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: VICTOR PERMIACHKIN

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CIO ( ) Delete  
Name: YANES, JOSE  
Address: 470 NE 123 ST  
City-St-Zip: MIAMI, FL 33161 US

Title: CFO ( ) Delete  
Name: SANTANA, ADAM  
Address: 1301 NE MIAMI GARDENS DR #1616W  
City-St-Zip: MIAMI, FL 33179

Title: CIO ( ) Delete  
Name: SAID, DANNY  
Address: 1830 S OCEAN DR #3404  
City-St-Zip: HALLANDALE, FL 33009

Title: CFO ( ) Delete  
Name: PERMIACHKIN, VICTOR  
Address: 500 BAYVIEW DR #424  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: P (X) Delete  
Name: PERMIACHKIN, ALEXANDER  
Address: 500 BAYVIEW DR #424  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: VICTOR PERMIACHKIN

CFO

04/08/2009

Electronic Signature of Signing Officer or Director

Date