## 2006 FOR PROFIT CORPORATION

## FILED May 02, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-02-2006 90169 001 \*\*\*150.00 DOCUMENT # P03000131963 INTEGRATED FINANCIAL SOLUTIONS U.S. A., INC. 40078300 Mailing Address 4978 CEDAR OAK WAY SARASOTA, FL 34233 Mailing Address 6115 394 Court East Suite, Apt. #, etc CR2E034 (11/05) 04062006 Applied For City & State 4. FFI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Acceptable) Street Addgess トロン 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 e of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITLE nelete BASILUA, CARMEN DA SILVA, CARMEN NAME 6115 39th Court EAst STREET ADDRESS 4978 CEDAR OAK WAY CITY-ST-ZIP SARASOTA, FL 34233 Change Addition □ Delete TITLE DA SILVA, LEO NAME 6115 39 STREET ADDRESS 4978 CEDAR OAK WAY CITY - ST - ZIP SARASOTA, FL 34233 Change - Addition TITLE ☐ Deiete NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F NAME STREET ADDRESS CITY-ST-7IP ☐ Change ☐ Addition ... Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trusted impowered 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

SIGNATURE AND

Principal Place of Business

2. Principal Place of Business

<u>5103 O</u>CEAN

4978 CEDAR OAK WAY SARASOTA, FL 34233

Suite, Apt. #, etc

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DA SILVA, LEO P

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SIGNATURE

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CITY ST-ZIP

CITY-ST-ZIP

CITY - ST - ZIP

4978 CEDAR OAK WAY SARASOTA, FL 34233

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylims Phone #