## 2007 FOR PROFIT CORPORATION Y

## FILED Mar 07, 2007 8:00 am Secretary of State 02-08-2007 90057 038 \*\*\*150.00

DOCUMENT # P03000149971  1. Entity Name INFINITY BUSINESS SOLUTIONS, INC.					02-08-2007 90057 038 ***15	50.00
Principal Place of Business Mailing Address TWO SOUTH UNIVERSITY DR. TWO SOUTH UNIVERSITY DR. SUITE 215 SUITE 215 PLANTATION, FE 33324 PLANTATION, FL 33324						
				0109200		IJLI
DO NOT WRITE IN THIS SPACE				4. FEI Number Applied For 20-0431668 Not Applied In		
				5. Certifica	te of Status Desired	11
	stered Agent		. :			
PEREZ, CHARLES 380 ARLINGTON RD.			DO NOT WRITE			
WEST PALM BEACH, FL 33405				١Ņ	THIS SPACE	
8 The above	named entity submits this statement for the	purpose of changing its registere	d office or register	ed agent, or t	poth, in the State of Florida. I am familiar with, and a	ICCBOX
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				when reinstating)	DATE	-
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				00 May 8e ed to Fees		
10.	OFFICERS AND DIRECT	CTORS	<u> 19. 19. 19</u>	· **		
NAME STREET ADDRESS	PEREZ, CHARLES 380 ARLINGTON RD.			:		
CITY-SI-ZIP	WEST PALM BEACH, FL 33405		,,,			
TITLE NAME				- કેલું. 		
STREET ADDRESS CITY-ST-ZP			j.			
TITLE NAME					The state of the s	
STREET ADDRESS CITY-57-21P				DO	NOT WRITE	
TOTLE NAME			· .	-IN	THIS SPACE	;
STREET ADDRESS CITY-ST-ZIP						
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NAME STREET ADJAGESS		J		( ) ( )		
CITY-ST-ZP TITLE		<del></del>				İ
NUME STREET ADDRESS						
12. I hereby c	entify that the information supplied with this fil	ing does not qualify for the exem	options contained i	in Chapter 11	9, Florida Statutes. I lurther certify that the informati	ion
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chaptor 119. Florida Statutes. I further certify that the information indicated on this report or supplemental eport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustile 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 alldrass, with all other like empowered.						
SIGNATURE: ( 1 / 1/17 / 40/-307-223//						