


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-18-2005 90075 020 ***150.00

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|---|---|---|--|--|--|
| DOCUMENT # P04000028339 1. Entity Name PERSONAL INVESTMENT SOLUTIONS, INC. | | | |  | |
| Principal Place of Business 880 N.E. 69TH STREET APT. 5-F MIAMI, FL 33138 | | | Mailing Address 880 N.E. 69TH STREET APT. 5-F MIAMI, FL 33138 | | |
| 2. Principal Place of Business 19525 NW 57 AVE. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02242005 Chg-P CR2E034 (10/03) | |
| City & State MIAMI, FL | | City & State | | 4. FEI Number 37-1496077 | |
| Zip 33055 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RIEFKOHL, RALPH 880 N.E. 69TH STREET APT. 5-F MIAMI, FL 33138 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing <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 | PD RIEFKOHL, RALPH 880 N.E. 69TH STREET, 5-F MIAMI, FL 33138 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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 another like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> RAFAEL RIEFKOHL, PRES. | | | Date 3-15-05 Daytime Phone # (305) 627-8290 | | |

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