

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000029598

FILED
Apr 18, 2005
Secretary of State

Entity Name: TOTAL SOLUTIONS LIMITED, INC.

Current Principal Place of Business:

400 KINGS POINT DR, # 902
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

400 KINGS POINT DR,
#902
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

400 KINGS POINT DR, # 902
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

400 KINGS POINT DR,
#902
SUNNY ISLES BEACH, FL 33160

FEI Number: 35-2225510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERGANI, MARTA BEATRIZ
400 KINGS POINT DR, # 902
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VERGANI, MARTA BEATRIZ
Address: 400 KINGS POINT DR, # 902
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP () Delete
Name: URRENGOECHEA, JORGE
Address: 400 KINGS POINT DR, # 902
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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VERGANI, MARTA BEATRIZ

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04/18/2005

Electronic Signature of Signing Officer or Director

_____ Date