



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90303 034 ***150.00

DOCUMENT # P04000032320 1. Entity Name LOE BUDGET OFFICE SOLUTIONS, INC																							
Principal Place of Business 6832 BROADMOOR NORTH LAUDERDALE, FL 33068			Mailing Address 6832 BROADMOOR NORTH LAUDERDALE, FL 33068																				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																					
City & State		City & State		4. FEI Number 20-0764611																			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent MARAIS, ANDRE 400 VIA LUGANO CIRCLE #202 BOYNTON BEACH, FL 33436				7. Name and Address of New Registered Agent Name MARAIS, ANDRE Street Address (P.O. Box Number is Not Acceptable) 3580 COCOPLUM CIRCLE City COCONUT CREEK FL Zip Code 33063																			
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 <u><i>Andre Marais</i></u> DATE <u>4/13/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
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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 all other like empowered. SIGNATURE: <u><i>Andre Marais</i></u> April 13, 2005 954-729-5942 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																							