2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000032716

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90423 004 ***150.00

1. Entity Nam		L ELECTRONIC S	OLUTIONS I	NC.				03-02-2003			
Principal Plac		s	_	Mailing Address 18931 SW 93 CT				- purpo e distribuie :	‡×		
MIAMI, FL 3		S .	MIAMI, FL 33157 US			4 (22)	,				
2. Principal P	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04272005	Chg-P	CR2E	(10/03))	
City & State			City & State			4. FEI Numb	07486	44	′ ⊢	opplied For lot Applicable	
Zip			Zip			try		of Status Desired		\$8.75 Ac Fee Require	
	6. Name	and Address of Curren	t Registered Age:	nt		Name	7. Name and	d Address of New R	egistered	Agent	
TORBISCO 18931 SW MIAMI, FL	93 CT	EL A	(Street Address (P.O. Box Number is Not Acceptable)					
WIII-WIII, I L	55157					City			F	Zip Coo	de
The above named entity submits this statement for the purpose of changing its registere						ed office or reg	gistered agent, or bo	oth, in the State of Flo			, and accept
the obligat	ions of regis	tered agent.									
SIGNATURE_	Signature, typed	or printed name of registered agen	nt and title if applicable	(NOTE	Registere	d Agent signature re	quired when reinstating)		DATE		
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550		ction Campai st Fund Contr	-		\$5.00 May Be Added to Fees				
After Ma	ay 1, 200	FEE IS \$150.00 5 Fee will be \$550 OFFICERS AND	.00 Trus	st Fund Contr	-		Added to Fees	/CHANGES TO OFF	ICERS AN	ID DIRECTOR	RS IN 11
After Ma	ay 1, 200	5 Fee will be \$550 OFFICERS ANI	.00 Trus		11.		Added to Fees	/CHANGES TO OFF	ICERS AN	ID DIRECTOF	RS IN 11
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CHIEF TO

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 it changed, or on an attact menture of the receiver of trustee empowered.

SIGNATURE:

Michael Lobrisco

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05

Daytime Phone #