2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000039125

1. Entity Name
FIRST FLORIDA FINANCIAL SOLUTIONS INC.

40023831

Principal Place of Business	Mailing Address
5631 NW 112 CT MIAMI, FL 33178	5631 NW 112 CT MIAMI, FL 33178

02232007   Chg-P   CR2E034 (12/06)
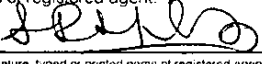
2. Principal Place of Business - No P.O. Box # 4604 NW 94 Place Suite, Apt. #, etc.	3. Mailing Address 4604 NW 94 Place Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA	City & State Miami, Florida	4. FEI Number 54-2146019 □ Applied For □ Not Applicable
Zip 33178 Country U.S.A	Zip 33178 Country U.S.A	5. Certificate of Status Desired □ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANTILLA, LUCIA P 5631 NW 112 CT MIAMI, FL 33178	Name Lucia Mantilla Street Address (P.O. Box Number is Not Acceptable) 4604 NW 94 Place City Miami FL Zip Code 33178

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 _____   2/23/07

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. □   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP NAME MANTILLA, LUCIA P STREET ADDRESS 5631 NW 112 CT CITY-ST-ZIP MIAMI, FL 33178	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   2/23/07   (305)267-9138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #