

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043833

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: ADVANCED POS SOLUTIONS, INC.

## Current Principal Place of Business:

3490 SW 24 ST  
MIAMI, FL 33145

## New Principal Place of Business:

12263 SW 19 STREET  
MIAMI, FL 33175

## Current Mailing Address:

3490 SW 24 ST  
MIAMI, FL 33145

## New Mailing Address:

12263 SW 19 STREET  
MIAMI, FL 33175

FEI Number: 56-2447892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUIZ, EDILBERTO G  
3490 SW 24 ST  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

JIMENEZ, CARMEN A  
12263 SW 19 STREET  
MIAMI, FL 33175 US

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: CARMEN A. JIMENEZ

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,S ( ) Delete  
Name: RUIZ, EDILBERTO G  
Address: 3490 SW 24 ST  
City-St-Zip: MIAMI, FL 33145 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change ( ) Addition  
Name: JIMENEZ, CARMEN A  
Address: 12263 SW 19 STREET  
City-St-Zip: MIAMI, FL 33175 US

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: CARMEN A. JIMENEZ

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date