## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Hali Hali

## **DOCUMENT # P04000053309**

1. Entity Name

KEY INFORMATION SOLUTIONS, INC.



Principal Place of Business

2538 NW 49 TERR COCONUT CREEK, FL 33063 Mailing Address

2538 NW 49 TERR COCONUT CREEK, FL 33063

## FILED May 11, 2007 8:00 am Secretary of State

05-11-2007 90051 001 \*1,500.00

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03302007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1004715

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STASKA, JASON 2538 NORTHWEST 49 TERRACE COCONUT CREEK, FL 33063

## DO NOT WRITE IN THIS SPACE

			1	*				· (	
	named entity submits this statement for the pions of registered agent.	ourpose of changing its regist	ered office or	registered	agent, or bo	oth, in the State of Flo	orida. I am familiar	with, and acce	apt
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered				re required whe	en reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees							
10. TITLE NAME STREET ADDRESS : CITY-ST-ZIP	OFFICERS AND DIRECT D STASKA, JASON 2538 NORTHWEST 49 TERRACE COCONUT CREEK, FL 33063	CTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE Name Street address City-St-Zip					DO	NOT W	_		
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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 of the comprehental 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 of trustre-empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

954-321-634

Daytime Phone #