

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90017 001 \*\*\*150.00

<b>DOCUMENT # P04000054468</b>					
<b>1. Entity Name</b> CUSTOMER SOLUTIONS OF SOUTH FLORIDA INC					
<b>Principal Place of Business</b> 7107 WEST FLAGLER STREET MIAMI, FL 33144 US			<b>Mailing Address</b> 7107 WEST FLAGLER STREET MIAMI, FL 33144 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0937524	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CABRERO, LLISMEL 7107 WEST FLAGLER STREET MIAMI, FL 33144				<b>7. Name and Address of New Registered Agent</b> Name: <u>CUSTOMER SOLUTIONS OF SOUTH FL. INC</u> Street Address (P.O. Box Number is Not Acceptable): <u>5590 WEST 20 AVE # 304</u> City: <u>HAIALEAH</u> FL Zip Code: <u>33016</u>	
<b>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.</b> SIGNATURE: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/10/08</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLISMEL, CABRERO 7107 WEST FLAGLER STREET MIAMI, FL 33144	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLISMEL, CABRERO 7107 WEST FLAGLER STREET MIAMI, FL 33144	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLISMEL, CABRERO 7107 WEST FLAGLER STREET MIAMI, FL 33144	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLISMEL, CABRERO 7107 WEST FLAGLER STREET MIAMI, FL 33144	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <span style="float: right;">Date: <u>3/10/08</u> (86) 290-2110</span>					