## 2005 FOR PROFIT CORPORATION

## **FILED** Feb 22, 2005 8:00 am Secretary of State

ANNOAL KEI OKI					Secretary or State			
DOCUMENT # P04000055062  1. Entity Name CFSOLUTIONS CORP					02-22-2005 90023 008 ***150.00			
Principal Plac	e of Business	Mailing Address						
2745 WEST HILLSBORO BLVD		2745 WEST HILLSBORO BLVD		40	021328			
SUITE 3		SUITE 3			0.25			
DEERFIELD E	BEACH, FL 33442	DEERFIELD BEACH, FL 33	3442		Acini exam acini authi buill	BZIBI GIIBI BIIN BBIID BIIIB NI		
2. Principal Place of Business		3. Mailing Address						
2745 W. HILLS BOLD BLUD		2745 W. HILLSBORD BLVD #3			I MANII BIMIN MUSII MBSII MBUUI	BAIRT BIIBI BIIII OONO OMB II		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142005	Chg-P	CR2E034 (10/03)		
SUITE # 3		SUITE #3				· , ,		
City & State DEERFIELD BEACH-FLORIDA		City & State  DECKFICITY BEACH-FLORIDA		4. FEI Numb	$\lambda \supset I \cup J \cap I$	<del></del>	oplied For ot Applicable	
Zip	Country		Country	<del></del>		¢0.75		
3344:			USÁ	5. Certificate	of Status Desired	Fee Require		
6. Name and Address of Current Registered Agent				7. Name and	Address of New Re	gistered Agent		
OOFILIO POMEDITO A				Name				
COELHO, ROMERITO A 2745 WEST HILLSBORO BLVD			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
ال 3#	alm.							
DEERFIELD BEACH, FL 33442								
			City			FL Zip Cod	0	
8. The above named entity submits this statement for the purpose of changing its registered office or				egistered agent, or bo	th, in the State of Flor	ida. I am familiar with,	and accept	
	tions of registered agent.			•	~/,~	1	·	
SIGNATÚRE.	Kornlite Huls	(jellli		•	2/1.	<i>t/</i> 05		
	Signature, typed or printed name of registered agent a	and little if applicable. (NOTE: Re	gistered Agent signature	required when reinstating)		DATE	<del></del>	
	- 1 to 1 t	9. Election Campaign	Financino	\$5.00 May Be				
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	T T		Added to Fees				
10.	OFFICERS AND	DIBECTORS	11.	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE	Р	☐ Detete	THILE	7,00,10	0.70.00	☐ Change	Addition	
NAME +	COELHO, ROMERITO A		NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	DEERFIED BEACH, FL 33442		CITY-ST-ZIP				<del></del>	
HITLE		. Delete	TITLE	•		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		•			
CITY-ST-ZIP			CITY-ST-ZIP					
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NAME		·	NAME				_	
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TITLE		☐ Delete	TITLE			Change	Addition	
NAME		,	NAME					
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		□ Balaa				□ Phor	☐ Additor-	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	Ī		CITY-ST-ZIP					

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED MARK OF SIGNING OFFICER OF PRECIOES.

S GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #