



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-22-2005 90023 008 ***150.00

DOCUMENT # P04000055062 1. Entity Name CFSOLUTIONS CORP					
Principal Place of Business 2745 WEST HILLSBORO BLVD SUITE 3 DEERFIELD BEACH, FL 33442			Mailing Address 2745 WEST HILLSBORO BLVD SUITE 3 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business 2745 W. HILLSBORO BLVD Suite, Apt. #, etc. SUITE # 3 City & State DEERFIELD BEACH - FLORIDA Zip 33442		3. Mailing Address 2745 W. HILLSBORO BLVD # 3 Suite, Apt. #, etc. SUITE # 3 City & State DEERFIELD BEACH - FLORIDA Zip 33442		40021328 	
4. FEI Number 20-0936828		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COELHO, ROMERITO A 2745 WEST HILLSBORO BLVD #3 DEERFIELD BEACH, FL 33442			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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: <u>Romerito Alves Coelho</u> 2/17/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COELHO, ROMERITO A 2745 WEST HILLSBORO BLVD SUITE #3 DEERFIELD BEACH, FL 33442		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Romerito Alves Coelho</u> 2/17/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					