

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90549 024 \*\*\*150.00

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04292005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000079656</b> 1. Entity Name <b>BAUHAUS SOLUTIONS, INC.</b>					
Principal Place of Business <b>16141 SW 139TH CT. MIAMI, FL 33177</b>			Mailing Address <b>16141 SW 139TH CT. MIAMI, FL 33177</b>		
2. Principal Place of Business <b>12471 SW 30 St</b>		3. Mailing Address <b>P.O. Box 770457</b>		4. FEI Number <b>20-1145819</b>  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc. <b>B-15</b>		Suite, Apt. #, etc. 			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>			
Zip <b>33186</b>		Zip <b>33177</b>			
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NUNEZ, ENRIQUE 4120 SW 84TH AVENUE (REAR) MIAMI, FL 33165</b>					
7. Name and Address of New Registered Agent Name <b>Nunez, Enrique</b> Street Address (P.O. Box Number is Not Acceptable) <b>6605 SW 25 St</b> #1 City <b>Miami</b> <b>FL</b> Zip Code <b>33155</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.  SIGNATURE <u><i>Enrique Nunez</i></u> <b>PSD Enrique Nunez</b> <b>4/29/05</b> <small>Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NUNEZ, ENRIQUE 4120 SW 84TH AVENUE (REAR) MIAMI, FL 33165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Nunez, Enrique 6605 SW 25 St Miami, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Delete	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"/> Delete	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><i>Enrique Nunez</i></u> <b>Enrique Nunez</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/29/05</b> <b>1305/255-4599</b> <small>Date Daytime Phone #</small>		