

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90094 038 ***158.75

DOCUMENT # P04000110361

1. Entity Name
ROSS SOLUTIONS, INC.



Principal Place of Business

**20312 N E 16TH PL
N MIAMI, FL 33179**

Mailing Address

**20312 N E 16TH PL
N MIAMI, FL 33179**

00028537



2. Principal Place of Business

21931 US19 N

Suite, Apt. #, etc.

3. Mailing Address

3440 Canten Ct.

Suite, Apt. #, etc.

04132006

Chg-P

CR2E034 (11/05)

City & State

Clearwater Florida

City & State

Land O Lakes Florida

4. FEI Number

84-1653907

Applied For

Not Applicable

Zip

33765

Country

USA

Zip

34639

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSS, BRIAN
20312 N E 16TH PL
N MIAMI, FL 33179**

7. Name and Address of New Registered Agent

Name **Brian Ross**

Street Address (P.O. Box Number is Not Acceptable)
21931 US19 N

City **Clearwater**

FL

Zip Code **33765**

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

Signature, typed printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, BRIAN	
STREET ADDRESS	20312 N E 16TH PL	
CITY-ST-ZIP	N MIAMI, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ross, Brian	
STREET ADDRESS	21931 US19 N	
CITY-ST-ZIP	Clearwater FL. 33765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-06 (727) 419-5751