


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90076 012 ***150.00

DOCUMENT # P04000132548 1. Entity Name FINANCIAL SOLUTIONS & INVESTMENT GROUP, INC.			
Principal Place of Business 14954 SW 58 STREET MIAMI, FL 33193		Mailing Address 14954 SW 58 STREET MIAMI, FL 33193	
2. Principal Place of Business - No P.O. Box # 7990 SW 117 Ave Suite, Apt. #, etc. #208		3. Mailing Address 7990 SW 117 Ave Suite, Apt. #, etc. #208	
City & State Miami, FL		City & State Miami, FL	
Zip 33183		Zip 33183	
Country Dade		Country Dade	
4. FEI Number 30-0274248		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 VIDAL, LEONARD 14954 SW 58 ST MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Leonard Vidal Street Address (P.O. Box Number is Not Acceptable) 7990 SW 117 Ave, #208 City Miami FL Zip Code 33183	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 3/6/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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. Vidal, Leonard VIDAL, LEONARD 14954 SW 58 STREET 33193 MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. Vidal, Leonard Vidal, Leonard 7990 SW 117 Ave, #208 Miami, FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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
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
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/6/07 Daytime Phone # 3052616251	