

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000134242

1. Entity Name
 GET-O SOLUTIONS INCORPORATED



Principal Place of Business
 2700 NORTHWEST 72 AVENUE
 MIAMI, FL 33122 US

Mailing Address
 2700 NORTHWEST 72 AVENUE
 MIAMI, FL 33122 US

\$158.75



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 73-1719208 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORENO, CESAR A
 2700 NORTHWEST 72 AVENUE
 MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

100000415470
 02/11/06-80081-009 158.75

10. OFFICERS AND DIRECTORS

TITLE P
 NAME MORENO, JOHN A
 STREET ADDRESS 2700 NORTHWEST 72 AVENUE
 CITY-ST-ZIP MIAMI, FL 33122

TITLE VP
 NAME BASSETT, GERALDO
 STREET ADDRESS 2700 NORTHWEST 72 AVENUE
 CITY-ST-ZIP MIAMI, FL 33122

TITLE VP
 NAME MORENO, CESAR A
 STREET ADDRESS 2700 NORTHWEST 72 AVENUE
 CITY-ST-ZIP MIAMI, FL 33122

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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

Pro 1-30-06 305-318-0000
 Date Daytime Phone #