


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90043 029 \*\*\*150.00

<b>DOCUMENT # P04000154416</b> 1. Entity Name <b>BUSINESS OFFICE SYSTEMS &amp; SOLUTIONS INC.</b>			
Principal Place of Business 6542 HYPOLUXO ROAD #303 LAKE WORTH, FL 33467 US		Mailing Address 6542 HYPOLUXO ROAD #303 LAKE WORTH, FL 33467	
2. Principal Place of Business <b>1120 Holland Dr.</b>		3. Mailing Address <b>1120 Holland Dr.</b>	
Suite, Apt. #, etc. <b>15</b>		Suite, Apt. #, etc. <b>15</b>	
City & State <b>Boca Raton FL</b>		City & State <b>Boca Raton, FL</b>	
Zip <b>33487</b>		Zip <b>33487</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>86-1133125</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SIEGEL, PAUL E</b> <b>6542 HYPOLUXO ROAD</b> <b>#303</b> <b>LAKE WORTH, FL 33467</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>Paul Siegel</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u><i>Paul Siegel</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SIEGEL, PAUL E</b> <b>6542 HYPOLUXO ROAD</b> <b>LAKE WORTH, FL 33467</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Siegel Michelle</b> <b>6542 Hypoluxo Road</b> <b>LAKE WORTH, FL 33467</b>
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.			
<b>SIGNATURE: <u><i>Michelle Siegel President</i></u> <u><i>Michelle Siegel, President</i></u> <u><i>8/04/05</i></u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			