

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000155469

FILED
Aug 17, 2006
Secretary of State**Entity Name:** LEGAL SOLUTIONS SERVICES INC.**Current Principal Place of Business:**PO BOX 260696
PEMBROKE PINES, FL 33026**New Principal Place of Business:****Current Mailing Address:**PO BOX 260696
PEMBROKE PINES, FL 33026**New Mailing Address:****FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LOPEZ-MILO, LAZARO R
1332 W 42 STREET
HIALEAH, FL 33012 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: LOPEZ-MILO, LAZARO R
Address: PO BOX 260696
City-St-Zip: PEMBROKE PINES, FL 33026**Title:** VP (X) Delete
Name: LEONARD, CATHERINE N
Address: PO BOX 260696
City-St-Zip: PEMBROKE PINES, FL 33026**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAZARO LOPEZ-MILO

P

08/17/2006

Electronic Signature of Signing Officer or Director_____
Date