## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000004948

**-** ... ..

Entity Name: CUSTOMER SATISFACTION SOLUTIONS, INC

FILED Mar 10, 2009 Secretary of State

Current Pr	incipal Plac	e of Business:	New Principal Pl	New Principal Place of Business:	
995 N. MIAMI BEACH BLVD.				12328 QUAIL ROOST DRIVE	
SUITE # 100 N. MIAMI BEACH, FL  33162			MIAMI, FL 33177		
Current Ma	ailing Addre	ess:	New Mailing Add	New Mailing Address:	
	MI BEACH B	LVD.			
SUITE # 10 N. MIAMI B	10 EACH, FL 3:	3162			
FEI Number:	20-2133695	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Addre	Name and Address of New Registered Agent:	
GONZALEZ, WILFREDO 195 N MIAMI BEACH BLVD. #100 MIAMI, FL, FL 33162 US			995 N MIAMÎ BEA	GONZALEZ, WILFREDO 995 N MIAMI BEACH BLVD. #100 MIAMI, FL 33162 US	
The above in the State SIGNATUR	of Florida.	submits this statement for the p	urpose of changing its regis	stered office or registered agent, or both, 03/10/2009	
Electronic Signature of Registered Agent			.nt	Date	
Election Cam		ng Trust Fund Contribution ( ).		Bute	
OFFICERS	AND DIREC	CTORS:	ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P ( BRAVO, OCTA 11782 SW 92I MIAMI, FL 33	ND TERR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GONZALEZ, V 2200 COUNTR	) Delete VILFREDO RY CLUB PRADO ES, FL 33134	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MOLINA, ROD 4055 VENTUR		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: WILFREDO GONZALEZ VP 03/10/2009