

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041457

FILED
Feb 21, 2009
Secretary of State

Entity Name: TOTAL SOLUTION INTERIORS, INC.

Current Principal Place of Business:

1840 JEFFERSON AVENUE
303
MIAMI BEACH, FL 33139

Current Mailing Address:

1840 JEFFERSON AVENUE
303
MIAMI BEACH, FL 33139

New Principal Place of Business:

171 NORTH SHORE DRIVE
304
MIAMI BEACH, FL 33141

New Mailing Address:

171 NORTH SHORE DRIVE
304
MIAMI BEACH, FL 33141

FEI Number: 55-0894155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARRARINI, SONIA
1840 JEFFERSON AVENUE
303
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

CARRARINI, SONIA
171 NORTH SHORE DRIVE
304
MIAMI BEACH, FL 33141 US

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: CARRARINI, SONIA

02/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SPAZIANI, MARCO
Address: 1840 JEFFERSON AVENUE, APT. 303
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: SPAZIANI, MARCO
Address: 171 NORTH SHORE DRIVE, APT. 304
City-St-Zip: MIAMI BEACH, FL 33141

Title: DTS () Change (X) Addition
Name: CARRARINI, SONIA
Address: 171 NORTH SHORE DRIVE, APT. 304
City-St-Zip: MIAMI BEACH, FL 33141

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: SPAZIANI, MARCO

P/D

02/21/2009

Electronic Signature of Signing Officer or Director

Date