

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 05, 2007 08:00 AM  
Secretary of State

DOCUMENT # P05000043882

1. Entity Name  
CALL VERIFIED SOLUTIONS, INC.



Principal Place of Business  
980 N FEDERAL HWY STE 430  
BOCA RATON, FL 33432

Mailing Address  
980 N FEDERAL HWY STE 430  
BOCA RATON, FL 33432



01242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2556080

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRAUSE, STEPHEN M  
980 N FEDERAL HWY STE 430  
BOCA RATON, FL 33432

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME KRAUSE, STEPHEN M  
STREET ADDRESS 980 N FEDERAL HWY STE 430  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE D  
NAME HOFMAN, ANGELA  
STREET ADDRESS 1942 DISCOVERY CIRCLE E30  
CITY-ST-ZIP DEERFIELD BCH, FL 33442

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000620058  
02/09/07-80021-024 150.00

**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

Date

Daytime Phone #