

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-14-2007 90072 028 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000053318 1. Entity Name FIC SOLUTIONS INC.																																																																																																																																																											
Principal Place of Business 5230 HOLLYWOOD BV SUITE 202 HOLLYWOOD, FL 33021			Mailing Address 7105 SW 8TH ST SUITE 306 MIAMI, FL 33144																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # 9233 NW 49th PLACE			3. Mailing Address Suite, Apt. #, etc. 																																																																																																																																																								
City & State SUNRISE, FLORIDA			City & State 																																																																																																																																																								
Zip 33351			Zip 																																																																																																																																																								
Country 			Country 																																																																																																																																																								
4. FEI Number 20-2662999			Applied For ☐ Not Applicable																																																																																																																																																								
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required																																																																																																																																																								
6. Name and Address of Current Registered Agent ARIAS & DE LA CRUZ 7105 SW 8TH ST SUITE 306 MIAMI, FL 33144			7. Name and Address of New Registered Agent Name 																																																																																																																																																								
Street Address (P.O. Box Number is Not Acceptable) 			City FL																																																																																																																																																								
Zip Code 			Zip Code 																																																																																																																																																								
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>Maria C. Gallego</u> (NOTE: Registered Agent signature required when resigning) 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																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>GALLEGO, MARIA C</td> <td></td> <td>NAME</td> <td>9233 NW 49TH PLACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5230 HOLLYWOOD BV SUITE 202</td> <td></td> <td>STREET ADDRESS</td> <td>SUNRISE, FLORIDA 33351</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33021</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>HENAO, FLOR MARIA</td> <td></td> <td>NAME</td> <td>9233 NW 49TH PLACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5230 HOLLYWOOD BV SUITE 202</td> <td></td> <td>STREET ADDRESS</td> <td>SUNRISE, FLORIDA 33351</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33021</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>GALLEGO, MARIA I</td> <td></td> <td>NAME</td> <td>9233 NW 49TH PLACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5230 HOLLYWOOD BV SUITE 202</td> <td></td> <td>STREET ADDRESS</td> <td>SUNRISE, FLORIDA 33351</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33021</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>APD</td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>GALLEGO, CESAR A</td> <td></td> <td>NAME</td> <td>9233 NW 49TH PLACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5230 HOLLYWOOD BV SUITE 202</td> <td></td> <td>STREET ADDRESS</td> <td>SUNRISE, FLORIDA 33351</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33021</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td>TH</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td>BARRIOS, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td>9233 NW 49TH PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td>SUNRISE, FL 33351</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☒ Change ☐ Addition	NAME	GALLEGO, MARIA C		NAME	9233 NW 49TH PLACE		STREET ADDRESS	5230 HOLLYWOOD BV SUITE 202		STREET ADDRESS	SUNRISE, FLORIDA 33351		CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP			TITLE	VPD	☐ Delete	TITLE		☒ Change ☐ Addition	NAME	HENAO, FLOR MARIA		NAME	9233 NW 49TH PLACE		STREET ADDRESS	5230 HOLLYWOOD BV SUITE 202		STREET ADDRESS	SUNRISE, FLORIDA 33351		CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP			TITLE	SD	☐ Delete	TITLE		☒ Change ☐ Addition	NAME	GALLEGO, MARIA I		NAME	9233 NW 49TH PLACE		STREET ADDRESS	5230 HOLLYWOOD BV SUITE 202		STREET ADDRESS	SUNRISE, FLORIDA 33351		CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP			TITLE	APD	☐ Delete	TITLE		☒ Change ☐ Addition	NAME	GALLEGO, CESAR A		NAME	9233 NW 49TH PLACE		STREET ADDRESS	5230 HOLLYWOOD BV SUITE 202		STREET ADDRESS	SUNRISE, FLORIDA 33351		CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP			TITLE		☐ Delete	TITLE	TH	☐ Change ☒ Addition	NAME			NAME	BARRIOS, DAVID		STREET ADDRESS			STREET ADDRESS	9233 NW 49TH PLACE		CITY-ST-ZIP			CITY-ST-ZIP	SUNRISE, FL 33351		TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u>Maria C. GALLEGO</u> <u>Maria C. Gallego</u> 04.27.07 (305)226 3443 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																											

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