

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053318

Entity Name: FIC SOLUTIONS INC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

9233 NW 49TH PLACE  
SUNRISE, FL 33351

## New Principal Place of Business:

9233 NW 49TH PLACE  
SUNRISE, FL 33351 US

## Current Mailing Address:

7105 SW 8TH ST  
SUITE 306  
MIAMI, FL 33144

## New Mailing Address:

7105 SW 8TH STREET  
SUITE 306  
MIAMI, FL 33144 US

FEI Number: 20-2662999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARIAS & DE LA CRUZ  
7105 SW 8TH ST  
SUITE 306  
MIAMI, FL 33144 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GALLEGU, MARIA C  
Address: 9233 NW 49TH PLACE  
City-St-Zip: SUNRISE, FL 33351

Title: VPD ( ) Delete  
Name: BARRIOS, DAVID  
Address: 9233 NW 49TH PLACE  
City-St-Zip: SUNRISE, FL 33351

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GALLEGU, MARIA C  
Address: 9233 NW 49TH PLACE  
City-St-Zip: SUNRISE, FL 33351 US

Title: VPD (X) Change ( ) Addition  
Name: BARRIOS, DAVID  
Address: 9233 NW 49TH PLACE  
City-St-Zip: SUNRISE, FL 33351 US

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: MARIA C GALLEGU

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date