

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000061685

1. Entity Name
THE EPSILON SOLUTIONS, INC.



Principal Place of Business
**16338 SOUTHWEST 28TH STREET
MIRAMAR, FL 33027**

Mailing Address
**16338 SOUTHWEST 28TH STREET
MIRAMAR, FL 33027**



02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3748632

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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 reconstituting)

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 PD
NAME NARASIMHAN, BALAJI
STREET ADDRESS 16338 SOUTHWEST 28TH STREET
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE VD
NAME SUBRAMANIAN, SANGEETHA
STREET ADDRESS 16338 SOUTHWEST 28TH STREET
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE SD
NAME NATARAJAN, BHUVANA
STREET ADDRESS 16338 SOUTHWEST 28TH STREET
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE TD
NAME KALYANARAMAN, CHANDRASEKAR
STREET ADDRESS 16338 SOUTHWEST 28TH STREET
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000627352
02/15/07-80058-006 150.00

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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:

K. Chandrasekar **CHANDRASEKAR KALYANARAMAN** 02/03/07 954-806-2776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #