

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000141628
1. Entity Name 2DAY SOLUTION INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7305 NW 174 TR STE I-104 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33015	Country	Zip	Country

4. FEI Number 20-3649798	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name REYES, ALEXEIS	
Street Address (P.O. Box Number is Not Acceptable) 7305 NW 174 TR STE I-104	
City MIAMI	State FL
Zip Code 33015	

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  **ALEXEIS REYES** **1/20/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to: Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYES, ALEXEIS 7305 NW 174 TR STE I-104 MIAMI, FL 33015
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11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000601024 01/25/07-\$0034-009-150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **ALEXEIS REYES, PRESIDENT** **1/20/2007** **(305) 823-9155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #