

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142195

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** OFFICE - CUBICLE SOLUTIONS INC.

**Current Principal Place of Business:**

133 COVENTRY F  
WPB, FL 33417 US

**New Principal Place of Business:**

1610 NW 135 ST  
NORTH MIAMI, FL 33167 US

**Current Mailing Address:**

1610 NW 135 ST  
NORTH MIAMI, FL 33167 US

**New Mailing Address:**

**FEI Number:** 06-1760378      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARATTINI, WILLIAM A  
1610 NW 135 ST  
NORTH MIAMI, FL 33167 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARATTINI, WILLIAM A  
Address: 1610 NW 135 ST  
City-St-Zip: NORTH MIAMI, FL 33167

Title: VP  
Name: CARATTINI, ROBIN R  
Address: 133 COVENTRY F  
City-St-Zip: WPB, FL 33417

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM CARATTINI

P

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date