

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

2008 JUN 19 PM 12: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000042834

1. Entity Name
ELECTRONIC BUSINESS PROCESS MANAGEMENT SOLUTIONS CORP.



Principal Place of Business 8562 SOUTHEAST RETREAT DRIVE HOBE SOUND, FL 33455	Mailing Address 8562 SOUTHEAST RETREAT DRIVE HOBE SOUND, FL 33455
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DO NOT WRITE IN THIS SPACE



06102008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3927177	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COPPOLA, ANTHONY C
8562 SOUTHEAST RETREAT DRIVE
HOBE SOUND, FL 33455

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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 reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COPPOLA, ANTHONY C 8562 SOUTHEAST RETREAT DRIVE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARBERRY, ROBERT 8562 SOUTHEAST RETREAT DRIVE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUENDIA, GUSTAVO 8562 SOUTHEAST RETREAT DRIVE HOBE SOUND, FL 33455
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06/24/08--01038--026 **150.00

DO NOT WRITE 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/08 516 457 9300
Date Daytime Phone #