

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083429

**FILED**  
**Apr 22, 2008**  
**Secretary of State**

**Entity Name:** BUSINESS SOLUTIONS MANAGEMENT, INC

**Current Principal Place of Business:**

300 ALESIO AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 142194  
CORAL GABLES, FL 33114 US

**New Mailing Address:**

FEI Number: 20-5035224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ESQUERRO, ROBERT G  
2127 BRICKELL AVE  
STE 2604  
MIAMI, FL 33129 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ESQUERRO, ROBERT G  
Address: PO BOX 142194  
City-St-Zip: CORAL GABLES, FL 33114 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT G ESQUERRO

PD

04/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date