

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083934

FILED
Jan 10, 2007
Secretary of State

Entity Name: FULL FLORIDA BUSINESS CORP.

Current Principal Place of Business:

1290 WESTON ROAD
SUITE 306 Q-5
WESTON, FL 33326

New Principal Place of Business:

18501 PINES BLVD
SUITE 201-S B-7
PEMBROKE PINES, FL 33029

Current Mailing Address:

1290 WESTON ROAD
SUITE 306 Q-5
WESTON, FL 33326

New Mailing Address:

18501 PINES BLVD
SUITE 201-S B-7
PEMBROKE PINES, FL 33029

FEI Number: 20-5083474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GBS CONSULTANTS, INC.
1290 WESTON ROAD
SUITE 306
WESTON, FL 33326 US

Name and Address of New Registered Agent:

GBS CONSULTANTS, INC.
18501 PINES BLVD
SUITE 201-S
PEMBROKE PINES, FL 33029 US

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: JORGE FERNANDEZ

01/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SALAZAR, ERASMO J
Address: 1290 WESTON ROAD, SUITE Q-5
City-St-Zip: WESTON, FL 33326

Title: V () Delete
Name: PERAZA, RAMON
Address: 1290 WESTON ROAD, SUITE Q-5
City-St-Zip: WESTON, FL 33326

Title: SD () Delete
Name: DE SALAZAR, SARA GALINDO
Address: 1290 WESTON ROAD, SUITE Q-5
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SALAZAR, ERASMO J
Address: 4540 NW 107 AVDA. APT0.201
City-St-Zip: DORAL, FL 33178

Title: V (X) Change () Addition
Name: DE SALAZAR, SARA GALINDO
Address: 4540 NW 107 AVDA. APT0.201
City-St-Zip: DORAL, FL 33178

Title: SD (X) Change () Addition
Name: SALAZAR, AURORA C
Address: 4540 NW 107 AVDA. APT0.201
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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: ERASMO J. SALAZAR

PTD

01/10/2007

Electronic Signature of Signing Officer or Director

Date