2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139719

Entity Name: COMPREHENSIVE BUSINESS SOLUTIONS, INC.

FILED Apr 30, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Bus	New Principal Place of Business:	
9100 S. DA MIAMI, FL	ADELAND BLVD, STE 1500 33156 US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
9100 S. DADELAND BLVD, STE 1500 MIAMI, FL 33156 US		969 NORTH KROME AVE HOMESTEAD, FL 33030 U	JS	
FEI Number:	: FEI Number Applied For () FEI Number Not Applicable (X) Cert	tificate of Status Desired()	
Name and Address of Current Registered Agent:		nt: Name and Address of New	Name and Address of New Registered Agent:	
The above	88 ST 33196 US	the purpose of changing its registered office	or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registere	d Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution ()			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DIR () Delete CASTRO, BRIANA 16275 S W 88TH ST., #122 MIAMI, FL 33196 US	Title: () Char Name: Address: City-St-Zip:	nge () Addition	
Title: Name: Address: City-St-Zip:	P () Delete CASTRO, BRIANA 16275 S W 88TH ST., #122 MIAMI, FL 33196 US	Title: () Char Name: Address: City-St-Zip:	nge () Addition	

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: BRIANA CASTRO DIR 04/30/2009