
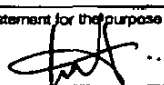
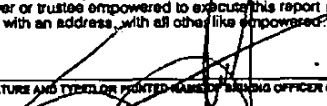


FILED
Jun 05, 2008 8:00 am
Secretary of State

04-28-2008 90392 006 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000037797			
1. Entity Name BUSINESS SOLUTIONS ASSOCIATES, INC.			
Principal Place of Business 510 N DIXIE HIGHWAY HOLLYWOOD, FL 33020 US		Mailing Address 510 N DIXIE HIGHWAY. HOLLYWOOD, FL 33020 US	
2. Principal Place of Business - No P.O. Box # 8362 PINE BLVD		3. Mailing Address 8362 PINE BLVD	
Suite, Apt. #, etc. SUITE 354		Suite, Apt. #, etc. SUITE 354	
City & State PEMBROKE PINES		City & State PEMBROKE PINES	
Zip 33024	Country	Zip 33024	Country
6. Name and Address of Current Registered Agent SERRANO, MARCELO M SR. 510 N DIXIE HIGHWAY. HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8362 PINE BLVD, SUITE 354 City PEMBROKE PINES FL Zip Code 33024	
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:  DATE: 04-25-08 <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERRANO, MARCELO M SR. 510 N DIXIE HIGHWAY HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 8362 PINE BLVD, SUITE 354 PEMBROKE PINES FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 information.			
SIGNATURE: 		DATE: 04-25-08 (954) 663-8577	
<small>SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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04032008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8744987 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required