

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048388

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: FINANCIAL SOLUTIONS NETWORK, INC.

## Current Principal Place of Business:

9010 S.W. 137TH AVE.  
SUITE 220  
MIAMI, FL 33186

## New Principal Place of Business:

2412 NW 87 PLACE  
DORAL, FL 33172

## Current Mailing Address:

9010 S.W. 137TH AVE.  
SUITE 220  
MIAMI, FL 33186

## New Mailing Address:

2412 NW 87 PLACE  
DORAL, FL 33172

FEI Number: 20-8954110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PILES, JUAN J  
7270 NW 12TH ST., SUITE 545  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

PILES, JUAN J  
2412 NW 87 PLACE  
DORAL, FL 33172 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: JUAN J. PILES

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FERNANDEZ, MARISOL  
Address: 9010 SW 137TH AVE., SUITE 220  
City-St-Zip: MIAMI, FL 33186

Title: VD ( ) Delete  
Name: FERNANDEZ, NELSON  
Address: 9010 SW 137TH AVE., SUITE 220  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FERNANDEZ, MARISOL  
Address: 2412 NW 87 PLACE  
City-St-Zip: DORAL, FL 33172

Title: VD (X) Change ( ) Addition  
Name: FERNANDEZ, NELSON  
Address: 2412 NW 87 PLACE  
City-St-Zip: DORAL, FL 33172

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: MARISOL FERNANDEZ

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date