

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048388

FILED  
May 07, 2009  
Secretary of State

Entity Name: FINANCIAL SOLUTIONS NETWORK, INC.

## Current Principal Place of Business:

2412 NW 87 PLACE  
DORAL, FL 33172

## New Principal Place of Business:

14465 SW 56 TERRACE  
MIAMI, FL 33183

## Current Mailing Address:

2412 NW 87 PLACE  
DORAL, FL 33172

## New Mailing Address:

14465 SW 56 TERRACE  
MIAMI, FL 33183

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  
2412 NW 87 PLACE  
DORAL, FL 33172 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FERNANDEZ, MARISOL  
Address: 14465 SW 56 TERRACE  
City-St-Zip: MIAMI, FL 33183

Title: VD (X) Change ( ) Addition  
Name: FERNANDEZ, NELSON  
Address: 14465 SW 56 TERRACE  
City-St-Zip: MIAMI, FL 33183

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

05/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date