


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 02, 2008 8:00 am**  
**Secretary of State**

09-02-2008 90030 006 \*\*\*150.00

<b>DOCUMENT # P07000129166</b>	
1. Entity Name <b>BUSINESS OPERATIONS SOLUTIONS, INC.</b>	

Principal Place of Business <b>15090 SW 45 TERR. MIAMI, FL 33185</b>	Mailing Address <b>15090 SW 45 TERR. MIAMI, FL 33185</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country

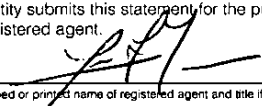


07082008 Chg-P CR2E034 (12/06)

4. FEI Number <b>26-1542486</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>TORRES, LUIS F 6770 INDIAN CREEK DR. 14B MIAMI BEACH, FL 33141</b>		7. Name and Address of New Registered Agent Name <b>Torres, Luis F</b> Street Address (P.O. Box Number is Not Acceptable) <b>6770 Indian Creek Dr.</b> <b>14P</b> City <b>Miami Beach</b> FL Zip Code <b>33141</b>	
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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 **8/1/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALVAREZ, RICARDO</b>		NAME	
STREET ADDRESS <b>15090 SW 45 TERR.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI, FL 33185</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TORRES, LUIS F</b>		NAME <b>Torres, Luis F</b>	
STREET ADDRESS <b>6770 INDIAN CREEK DR. 14B</b>		STREET ADDRESS <b>6770 Indian Creek Dr. 14P</b>	
CITY-ST-ZIP <b>MIAMI BEACH, FL 33141</b>		CITY-ST-ZIP <b>Miami Beach, FL 33141</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HRISTOVA, SVETLANA</b>		NAME	
STREET ADDRESS <b>19390 COLLINS AVENUE #723</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SUNNY ISLES, FL 33160</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 empowered.

SIGNATURE:  DATE **8/1/08** DAYTIME PHONE # **305-302-0202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR