

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000013700

FILED  
Mar 09, 2011  
Secretary of State

Entity Name: URBAN REDEVELOPMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

C/O 814 PONCE DE LEON BOULEVARD  
SUITE 210  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2302 W. ST. LOUIS STREET  
TAMPA, FL 33607

**Current Mailing Address:**

C/O 814 PONCE DE LEON BOULEVARD  
SUITE 210  
CORAL GABLES, FL 33134

**New Mailing Address:**

2302 W. ST. LOUIS STREET  
TAMPA, FL 33607

FEI Number: 27-5132958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SANCHEZ-MEDINA, ROLAND JR.  
SUITE 302  
2333 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PINA, AL  
Address: 2302 W. ST. LOUIS STREET  
City-St-Zip: TAMPA, FL 33607

Title: D  
Name: CLYNE, REGINALD  
Address: C/O 814 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: AL PINA

MR

03/09/2011

Electronic Signature of Signing Officer or Director

Date