2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

FILED Jan 11, 2007 08:00 AM Secretary of State

DOCUMENT #	# P9	3000	080524
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1. Entity Name D. SOLUTIONS, CORPORATION



Principal Place of Business

16350 S W 47 CT MIRAMAR, FL 33027 US Mailing Address

16350 S W 47 CT

MIRAMAR, FL 33027 US



01052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0450699 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMARGO, JOSE D 16350 S W 47 CT MIRAMAR, FL 33027

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	named entity submits this statement for the poons of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar	with, and accept	
SIGNATURE_							
Signature, typed or printed name of registered agent and title if appacable (NOTE, Registered			Agent signature	required when reinstaling)	DATE	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000582960 01/11/07-80054-001	150.00	
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PST CAMARGO, JOSE D 16350 S W 47 CT MIRAMAR, FL 33027						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
1:TLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS							

12. Thereby certify that the information supplied with this filling does indicated on this report or supplemental report is true and accur of the corporation or the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the cor not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information the and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP