## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000020929

Entity Name: MICRON OFFICE SOLUTIONS, INC.

FILED Mar 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19620 PINES BLVD 5220 SOUTH UNIVERSITY DRIVE

SUITE 114 SUITE 202C

PEMBROKE PINES, FL 33029 US DAVIE, FL 33328 US

Current Mailing Address: New Mailing Address:

19620 PINES BLVD PO BOX 327866

SUITE 114 FT LAUDERDALE, FL 33332 US

PEMBROKE PINES, FL 33029 US

FEI Number: 65-0817254 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LANEVE, RON
LANEVE, RON
19620 PINIES RI VD

19620 PINES BLVD 5220 SOUTH UNIVERSITY DRIVE

SUITE 114 SUITE 2020

PEMBROKE PINES, FL 33029 US DAVIE, FL 33328 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: 03/08/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete

Name: LANEVE, RON

Address: 19620 PINES BLVD STE 114

City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VTD ( ) Delete Name: LANEVE. MICHELLE

Address: 19620 PINES BLVD STE 114

City-St-Zip: PEMBROKE PINES, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition

Name: LANEVE, RON

Address: 5220 SOUTH UIVERSITY DRIVE SUITE 202C

City-St-Zip: DAVIE, FL 33328 US

Title: VTD (X) Change () Addition

Name: LANEVE, MICHELLE

Address: 5220 SOUTH UNIVERSITY DRIVE SUITE 202C

City-St-Zip: DAVIE, FL 33328 US

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: RON LANEVE PSD 03/08/2008