## 2004 FOR PROFIT CORPORATION

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SIGNATURE: /

## Apr 21, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P98000034489 1. Entity Name 04-21-2004 90033 044 \*\*\*150.00 CAD SOLUTIONS, INC. Principal Place of Business Mailing Address 18480 N.W. 24TH ST. 18480 NW 24TH STREET 94058202 PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 CR2E034 (10/03) 04102004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0832505 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREGORY, URSULA M DO NOT WRITE **18480 NW 24TH STREET** HOLLYWOOD, FL 33029 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent, who have the state of the state o SKANATURE: SIGNATURE\_ (NOTE: Registered Agent signsture required when reinstating) Signature, typed or printed name of registered agent and title if applicable. actions service of the state of (1977) LES ELEBORORIO DE CONTROLORIO D THE STREET STATES raidm far ignitel to their Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DP TITLE GREGORY, RONALD A NAME STREET ADDRESS **18480 NW 24TH STREET** CITY-ST-ZIP PEMBROKE PINES, FL 33029 DST TITLE NAME GREGORY, URSULA M STREET ADORESS **18480 NW 24TH STREET** CITY-ST-ZIP. PEMBROKE PINES, FL 33029 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(1). Florida Statutes. I further certify that the information indicated on this report of 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 truster 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 attagminght with an aggress, with all that fills empowered.

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