2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2008 08:00 A Secretary of State

DOCUMENT # P98000042627 1. Entity Name YOUR SIGN SOLUTION INC.					Secretary of S		
Principal Place 4611 SW 441 FORT LAUDE	TH AVE	Mailing Address 4611 SW 44TH AVE FORT LAUDERDALE, FL 33314	1	· (38)(38)	I NO 1878 JENI BENK BENK BENK BONJ BENK BIBIR JOIS ON DIN JOHAN JOHAN I MAN		
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ט	O NOT WRITE	N I IIIO SPA	CE		4. FEI Number Applied 65-0832567 Not App		
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Regi	istered Agent					
SEXTON, STEVEN 4673 SW 24TH STREET FORT LAUDERDALE, FL 33317			DO NOT WRITE IN THIS SPACE				
the obligation	named entity submits this statement for the ions of registered agent.		ed office or regist	lered agent, or bo	th, in the State of Flo		
	Signature, typed or printed name of registered agent and little	le if applicable (NOTE Registere	d Agent signature requi	red when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		5.00 May Be dded to Fees			
10.	OFFICERS AND DIRE	CTORS	1			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SEXTON, STEVEN 4673 SW 24TH STREET FORT LAUDERDALE, FL 33317						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			U00000 04/08/08	0865874 ₇ 80 <u>0</u> 07–003 150.00	
TITLE		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

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12. Thereby 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 ply name appears in Block 10 or Block 11 if changed, or on an attachment with an applicase, with all other like empowered.

SIGNATURE: _

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

CITY-ST-ZIP

CHONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #