2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070740

12030 SW 88TH ST

MIAMI, FL 33186

Address:

City-St-Zip:

Entity Name: F-SOLLITIONS CONSULTING INC

FILED May 01, 2006 Secretary of State

Littly Na	ille. E-SOLO	HONS CONSOLTING, INC.				
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:		
1421 SW 1 MIAMI, FL						
Current Mailing Address:			New Maili	New Mailing Address:		
1421 SW 1 MIAMI, FL						
FEI Number	: 65-0939972	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
343 ALME CORAL G	& UTRERA, P RIA AVENUE ABLES, FL 33	3134 US	nurnaga af ahanging i	ito rogiotoro d	office or registered agent or both	
	e named entity e of Florida.	submits this statement for the	purpose of changing i	its registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	ent	Date		
		93(2)(b), F.S., the corporation did nage Trust Fund Contribution ().	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (CHING, KELVI 12030 SW 88 MIAMI, FL 33	STREET	Title: Name: Address: City-St-Zip:	PD () CHING, KELVI 1421 SW 107 MIAMI, FL 33	AVE	
Title: Name: Address: City-St-Zip:	VD (LIU, HENRY 1421 SW 107 MIAMI, FL 33		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () SHABAN, ISAE 12030 SW 88' MIAMI, FL 33	тн ѕт	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title:	VD ()	() Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: KELVIN CHING PD 05/01/2006