

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2004 8:00 am
Secretary of State

04-29-2004 90265 004 ***150.00

DOCUMENT # P99000110876

1. Entity Name
FINANCE SOLUTIONS, INC.



Principal Place of Business
**7760 W. 20TH AVE., SUITE 11
HIALEAH, FL 33016**

Mailing Address
**7760 W. 20TH AVE., SUITE 11
HIALEAH, FL 33016**

66423180



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0974179

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRANADAS, ANTONIO
7760 W 20TH AVE #11
HIALEAH, FL 33016**

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PD
NAME
GRANADOS, ANTONIO M
STREET ADDRESS
11409 KNOT WAY
CITY-ST-ZIP
COOPER CITY, FL 33026

TITLE
SD
NAME
GRANADOS, ELSA O
STREET ADDRESS
11409 KNOT WAY
CITY-ST-ZIP
COOPER CITY, FL 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Antonio GRANADOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-04 305-822-5403

Date

Daytime Phone #