

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000116841

**Entity Name:** BIZSOLUTIONS, INC.

**Current Principal Place of Business:**

3971 SW 8TH STREET  
SUITE 309  
MIAMI, FL 33134

**Current Mailing Address:**

3971 SW 8TH STREET  
SUITE 309  
MIAMI, FL 33134

**FEI Number:** 65-1158742

**Certificate of Status Desired:** No

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

ARISTE, RAMON A  
3971 SW 8TH STREET  
SUITE 309  
MIAMI, FL 33134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                     |                 |                           |
|-----------------|---------------------|-----------------|---------------------------|
| Title           | P                   | Title           | VP                        |
| Name            | ARISTE, RAMON A     | Name            | ELWELL, WALTER A          |
| Address         | 1941 S.W. 59 AVENUE | Address         | 6995 SW 67 AVE<br>UNIT 33 |
| City-State-Zip: | MIAMI FL 33155      | City-State-Zip: | MIAMI FL 33143            |

*I hereby 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 all other like empowered.*

**SIGNATURE:** RAMON ARISTE

**PRESIDENT**

**04/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date