

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000051465 1. Entity Name F1 SOLUTIONS, INC.		
Principal Place of Business 6704 CANARY PALM CIR BOCA RATON, FL 33433		Mailing Address 6704 CANARY PALM CIR BOCA RATON, FL 33433
2. Principal Place of Business 100 Golden Isles Dr. Suite, Apt. #, etc. # 1411		3. Mailing Address 100 Golden Isles Dr. Suite, Apt. #, etc. # 1411
City & State HALLANDALE, FL		City & State HALLANDALE, FL
Zip 33009	Country USA	Zip 33009
Country USA		Country USA
4. FEI Number 85-1107730		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NEMTSEV, IRINA ESQ 20801 BISCAYNE BLVD SUITE 605 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when returning)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE D NAME SYROYEZHKO, INNA <input checked="" type="checkbox"/> Delete STREET ADDRESS 1817 SOUTH OCEAN DRIVE #PH25 CITY-ST-ZIP HALLANDALE, FL 33009	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME SYROYEZHKO, YAKOV STREET ADDRESS 100 Golden Isles Dr. # 1411 CITY-ST-ZIP HALLANDALE, FL 33009	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: 		Date: 4-28-03 Phone: 954-907-6776

10100873



CHECK HERE IF MAKING CHANGES

CRPEC034 (10/02)