

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125398

FILED
Feb 07, 2008
Secretary of State

Entity Name: PRESIDIO SERVICE SOLUTIONS, INCORPORATED

Current Principal Place of Business:

1840 CORAL WAY, 4TH FLOOR
MIAMI, FL 33145

New Principal Place of Business:

8230 OLD COURTHOUSE ROAD
320
VIENNA, VA 22182

Current Mailing Address:

8230 OLD COURTHOUSE RD., STE. 320
VIENNA, VA 22182

New Mailing Address:

790 EMORY VALLEY ROAD
117
OAK RIDGE, TN 37830

FEI Number: 22-3972654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: RODRIGUEZ, ALFREDO F.
Address: 1840 CORAL WAY, 4TH FLOOR
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: RODRIGUEZ, ALFREDO F.
Address: 790 EMORY VALLEY ROAD, APT 117
City-St-Zip: OAK RIDGE, TN 37830

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

SIGNATURE: ALFREDO F. RODRIGUEZ

CEO

02/07/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date