

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041013

FILED
Mar 15, 2007
Secretary of State

Entity Name: SOLVE DEVELOPMENTS LLC

Current Principal Place of Business:

2911 GRAND AVE.
SUITE 4-A
MIAMI, FL 33133 US

New Principal Place of Business:

4660 SW 57TH AVE
MIAMI, FL 33155 US

Current Mailing Address:

2911 GRAND AVE.
SUITE 4-A
MIAMI, FL 33133 US

New Mailing Address:

4660 SW 57TH AVE
MIAMI, FL 33155 US

FEI Number: 38-3720729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLER, JOAQUIN
2911 GRAND AVE.
SUITE 4-A
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

SOLER, JOAQUIN
4660 SW 57TH AVE
MIAMI, FL 33155 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:

03/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOLER, JOAQUIN
Address: 2911 GRAND AVE SUITE 4-A
City-St-Zip: MIAMI, FL 33133 US

Title: MGRM () Delete
Name: VEGA, ALEXANDRA
Address: 2911 GRAND AVE. SUITE 4-A
City-St-Zip: MIAMI, FL 33133 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOLER, JOAQUIN
Address: 4660 SW 57TH AVE
City-St-Zip: MIAMI, FL 33155 US

Title: MGRM (X) Change () Addition
Name: VEGA, ALEXANDRA
Address: 4660 SW 57TH AVE
City-St-Zip: MIAMI, FL 33155 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALEXANDRA VEGA

MGR

03/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date