

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000084088**

1. Entity Name  
**SOLOMON INSTITUTE CORPORATION**



Principal Place of Business

**7221 CORAL WAY  
STE 210  
MIAMI, FL 33155 US**

Mailing Address

**8151 SW 90TH AVENUE  
MIAMI, FL 33173**



04132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0787559**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MEYER, B N  
8151 SW 90 AVE  
MIAMI, FL 33173**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME RAMOS, RICHARD  
STREET ADDRESS 7221 CORAL WAY STE 210  
CITY-ST-ZIP MIAMI, FL 33155

TITLE D  
NAME MEYER, HENRY W  
STREET ADDRESS 8151 SW 90TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33173

TITLE D  
NAME MEYER, B  
STREET ADDRESS 8151 SW 90 AVE  
CITY-ST-ZIP MIAMI, FL 33173

TITLE D  
NAME RAMOS, N F  
STREET ADDRESS 7221 CORAL WAY STE 210  
CITY-ST-ZIP MIAMI, FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000309163  
04/16/05-80026-019 150.00

**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, who is otherwise empowered.

SIGNATURE:

*Signature and typed or printed name of signing officer or director*

Date

Daytime Phone #

4/13/05 3052797917