FILED Apr 26, 2005 8:00 am Secretary of State

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	A	NNUAL	REP	ORT		

	ANNUAL	Secretary of State						
DOCU	MENT # P04000027			04-26-200	5 90150 032 ***:	150.00		
1. Entity Nam	ne							
SOLID AL	LLIANCES CORPORATION			•				
Principal Plac	ce of Business	Mailing Address			· ·			
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2. Principal P	Place of Business	3. Mailing Address	- ·		-{			
713	Royal Anne Ln.	713 Roya	1 A	nne LN.		BIR BIBII BBIN BBN BBN	LF CENTRAL LINE FRANKI LINE IN MILLE IN	
Suite, Apt.	• • •	Suite, Apt. #, etc.	•		04142005	Chg-P	CR2E034 (10/03)	ļ.
City & Stat	4. 302	City & State	<u></u>		4. FEI Number] [A	pplied For
Ralei		Releish	\mathcal{N}	<u></u>		85473	⊢+ -	lot Applicable
Zip	Country	Zip	Coun		5. Certificate of	of Status Desired	□ \$8.75 Ac	
2761.	6. Name and Address of Current	27615	40	eke	7 Name and	Address of New R	Fee Requir	ea
	o. Hand and Address of Carrelle	riegistered Agent		Name	7, 140110 6110 7	TOUICES OF INCH IT	egistered Agent	
	EL CORRAL, JOSE G			Stroot Address	(D.O. Boy Morellander	is Not Acceptable		
	N ST, STE 209 . FL 33326			Street Address	(P.O. Box Number	is Not Acceptable	;) 	
11201011,								
				City			FL Zip Co	de
8. The above	named entity submits this statement fo	r the numose of changing its	s ronistore	ed office or registe	ired agent or both	in the State of Ek		and accept
	tions of registered agent.	, are perpose or ortaliging in	o rogiotori	od omoo or rogista	rea agent, or con	, wrate older or the	Alda. I dividing with	, and accept
SIGNATURE_								
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature require	d when reinstating)		DATE	
		9. Election Campa	aion Finar	acino C 5	00			
	E NOW!!! FEE IS \$150.00	o. Election campe						
Arterma	ay 1, 2005 Fee will be \$550.6	Trust Fund Con			.00 May Be ded to Fees			
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SIGNATURE:

Cotay (undallo 12) RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #