

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

6/4

FILED
Jul 01, 2008 8:00 am
Secretary of State

06-04-2008 90008 029 ***150.00

DOCUMENT # P07000073805 1. Entity Name SOLUTIONS SPA INC.					
Principal Place of Business 901 E SAMPLE ROAD - SUITE F POMPANO BEACH FL 33064			Mailing Address 901 E SAMPLE ROAD - SUITE F POMPANO BEACH FL 33064		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 260 42 4757				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/07)	
6. Name and Address of Current Registered Agent REDHEAD, LUCIA 901 E SAMPLE ROAD - SUITE F POMPANO BEACH FL 33064			7. Name and Address of New Registered Agent Name RITA DAUGHTRY Street Address (P.O. Box Number is Not Acceptable) 901 E. SAMPLE RD - SUITE F City POMPANO BEACH FL 33064		
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 <u><i>Rita Daughtry</i></u> DATE <u>5/1/08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDHEAD, LUCIA 901 E SAMPLE ROAD - SUITE F POMPANO BEACH FL 33064	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OUT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUGHTRY, RITA 901 E SAMPLE ROAD - SUITE F POMPANO BEACH FL 33064	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARA MONTGOMERY 901 E SAMPLE RD - STE F POMPANO BEACH, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 lines empowered.					
SIGNATURE: <u><i>Rita Daughtry</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/1/08 954-783-3833 Date Page One of One		