2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 263679

Entity Name: SOLER MOTORS, INC.

11203 NW 71 TERRACE

MIAMI, FL 33178

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

	er oollikiiv				
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1 S.W. 22I MIAMI, FL			425 SW 22AVENUE MIAMI, FL 33135 L	JS	
Current N	lailing Addres	s:	New Mailing Address	New Mailing Address:	
1 S.W. 22ND AVE MIAMI, FL 33155 US			11203 NW 71 TERRACE DORAL, FL 33178 US		
FEI Number	: 59-1055444	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SOLER, JO 11203 NW MIAMI, FL	71 TERRACE				
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SOLER, JOAQU 11203 NW 71 T MIAMI, FL 331	ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MARQUEZ, JUA 11203 NW 71 T MIAMI, FL 331	ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MARQUEZ, ANI 3127 NW 97 CT MIAMI, FL 331	-,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TS () MARQUEZ, VIV	Delete IAN	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ANDRES M MARQUEZ VP 04/30/2008