2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 263679

Entity Name: SOLER MOTORS, INC

11203 NW 71 TERRACE

MIAMI, FL 33178

Address:

City-St-Zip:

FILED Mar 30, 2009 Secretary of State

| y | OOLLIN | WO 1 0100, 11 VO. | | | |
|---|--|----------------------------------|---|---|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 425 SW 22AVENUE MIAMI, FL 33135 US | | | | 11203 NW 71 TERRACE DORAL, FL 33178 US | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 11203 NW DORAL, F | 71 TERRACE L 33178 U | | | | |
| 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 | | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| Election Car | npaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | P (SOLER, JOAQ 11203 NW 71 MIAMI, FL 331 | TERRACE | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | VP (MARQUEZ, JU 11203 NW 71 MIAMI, FL 331 | TERRACE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP (MARQUEZ, AN 3127 NW 97 C MIAMI, FL 331 | Т. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | TS (MARQUEZ. VI) |) 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: JOAQUIN SOLER P 03/30/2009