2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 460330

Name:

Address:

City-St-Zip:

SOLOMON, JOHN A

7628 PLANTATION CIRCLE

UNIVERSITY PARK, FL 34201 US

Entity Name: STEVEN P SOLOMON ENTERPRISES INC.

FILED Apr 29, 2008 Secretary of State

Littly Nai	ile. STEVEN	F. SOLOWON LINTERFRISES,	, IIVC.			
Current Principal Place of Business:				New Principal Place of Business:		
6451 19TH STREET EAST A SARASOTA, FL 34243 US				2083 58TH AVE CIR E SUITE A BRADENTON, FL 34203 US		
Current Mailing Address:				New Mailing Address:		
6451 19TH STREET EAST				2083 58TH AVE CIR E		
A SARASOT	A, FL 34243	US		SUITE A BRADENTON, FL 3420	3 US	
FEI Number:	59-1574053	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SOLOMON, STEVEN P 6451 19TH STREET EAST SARASOTA, FL 34243 US				SOLOMON, STEVEN P 2083 58TH AVE CIR E BRADENTON, FL 3420	3 US	
The above in the State	named entity s e of Florida.	submits this statement for the po	urpose o	f changing its registered of	office or registered agent, or both,	
SIGNATURE:				04/29/2008		
Election Car		ic Signature of Registered Age Trust Fund Contribution ().	nt		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () SOLOMON, STE 7916 OAK GRO SARASOTA, FL	VE CIR		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (X) SOLOMON, D. S 7916 OAK GRO SARASOTA, FL	VE CIRCLE		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	D ()	Delete		Title: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: STEVEN SOLOMON PD 04/29/2008