2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 663806

1. Entity Name
SOLID CREATIONS, INC.

Principal Place of Business	Mailing Address
8807 SW 129 TERR	8807 SW 129 TERR
MIAMI, FL 33176	MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

07122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1972746	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRISCO, RON
6051 SW 81 ST
MIAMI, FL 33143

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00 **Due by September 8, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	FRISCO, RON
STREET ADDRESS	6051 SW 81 ST
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	FRISCO, RON
STREET ADDRESS	6051 SW 81 ST
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/16/04-80007-006 550.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE: _____   7/14/04   (305) 667-1959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #