


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # H84349 1. Entity Name GUSTAVO A. SOLANO, P.A.	
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Principal Place of Business 7410 S.W. 48TH STREET 7410B MIAMI, FL 33155 US	Mailing Address 7410 S.W. 48TH STREET 7410B MIAMI, FL 33155 US
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04152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2637195	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUSTAVO, SOLANO
7410 S.W. 48 STREET
MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

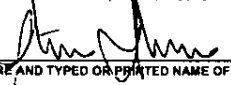
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUSTAVO, SOLANO A 7410 S.W. 48 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000903116
04/30/08-80033-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Gustavo A. Solano President 4/15/08 305-665-6151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #