

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90044 034 ****50.00

DOCUMENT # **L0300002095**

1. Entity Name

**SOLATEK INTERNATIONAL
LLC**



DO NOT WRITE IN THIS SPACE

20014102

2. Principal Place of Business

MIAMI

3. Mailing Address

5906 S LEJEUNE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E083B (8/05)

City & State

CORAL GABLES FL

City & State

4. FEI Number

061698422

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JUAN B ECHEVERRI**

Street Address (P.O. Box Number is Not Acceptable)
5906 S LEJEUNE RD

City **CORAL GABLES FL** Zip Code **33146**

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]

Signature typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ENRIQUE PAREDES 79 SHORE DR WEST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JUAN B ECHEVERRI 5906 S LEJEUNE RD CORAL GABLES FL 33146
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature] **JUAN B ECHEVERRI** 03-06-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #