


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A.
Secretary of State

DOCUMENT # L15342 1. Entity Name SOLANO & ASSOCIATES, INC.	
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05012007 No Chg-P CR2E034 (11/05)

Principal Place of Business 782 NW LEJEUNE RD. 328 MIAMI, FL 33126 US	Mailing Address 782 NW LEJEUNE RD. 328 MIAMI, FL 33126 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0143056	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOLANO, AQUILES R. 14121 S.W. 36TH ST. MIAMI, FL 33175
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U000000758284
05/23/07-80106-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLANO, AQUILES R. 14121 S.W. 36TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOLANO, YOLANDA 14121 S.W. 36TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOLANO JR., AQUILES 3011 SW 34 AVE HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *[Signature]* *[Signature]* *[Signature]* *[Signature]* *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #