


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90083 031 ***150.00

DOCUMENT # L25912 1. Entity Name SOLO FARMS, INC.	
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Principal Place of Business 407 LINCOLN RD STE 502 MIAMI BEACH, FL 33139	Mailing Address 407 LINCOLN RD STE 502 MIAMI BEACH, FL 33139 US
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50010770



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0172365	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO AND MORENO P.A. 256 E. 2ND AVENUE, SUITE 900 MIAMI, FL 33131 2 Alhambra Plaza PH 1B Coral Gables, FL 33134
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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, 2005 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	D MUNOZ, GONZALO 407 LINCOLN RD STE 502 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, ANGEL E 407 LINCOLN RD STE 502 MIAMI, FL 33139
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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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #