

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L37483

1. Entity Name
SOLID HILL CORPORATION



Principal Place of Business

1923 NE 153 STREET
MIAMI, FL 33179 US

Mailing Address

1923 NE 153 STREET
MIAMI, FL 33179 US

DO NOT WRITE IN THIS SPACE



03042003 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0163596

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERESTAN, RUBEN
3744 NE 167TH ST
APT 607
N MIAMI BCH, FL 33160

**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]

5-10-04

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

(NOTE: Registered Agent signature required when renewing)

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

U00000159877
05/12/04-80004-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERESTAN, RUBEN 3744 NE 167TH ST N MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS VASCONES-BERESTAN, CARMEN 3744 NE 167TH ST N MIAMI BCH, FL
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-04

305 9199117

Date

Daytime Phone #

(X) DID NOT RECEIVE FORM. SEE NOTE