

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L64482

**FILED**  
**Jan 20, 2006**  
**Secretary of State**

**Entity Name:** THE SOLOMON TROPP LAW GROUP, P.A.

**Current Principal Place of Business:**

C/O STANFORD R. SOLOMON  
400 N ASHLEY DR #3000  
TAMPA, FL 33602 US

**New Principal Place of Business:**

C/O STANFORD R. SOLOMON  
1881 WEST KENNEDY BOULEVARD  
TAMPA, FL 33606 US

**Current Mailing Address:**

C/O STANFORD R. SOLOMON  
400 N ASHLEY DR #3000  
TAMPA, FL 33602 US

**New Mailing Address:**

C/O STANFORD R. SOLOMON  
1881 WEST KENNEDY BOULEVARD  
TAMPA, FL 33606 US

**FEI Number:** 59-2999938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOLOMON, STANFORD R  
400 NORTH ASHLEY PLAZA  
SUITE 3000  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

SOLOMON, STANFORD R  
1881 WEST KENNEDY BOULEVARD  
TAMPA, FL 33606 US

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.

SIGNATURE: STANFORD R. SOLOMON

01/20/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SOLOMON, STANFORD R.,  
Address: 400 N ASHLEY DR 3000 NATIONSBANK PLAZA  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SOLOMON, STANFORD R.,  
Address: 1881 WEST KENNEDY BOULEVARD  
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANFORD R. SOLOMON

PD

01/20/2006

Electronic Signature of Signing Officer or Director

Date