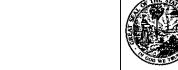
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

M20097

1. Entity Name

SOLO PRINTING, INC.



FILED

Jan 10, 2003 8:00 am

Secretary of State

01-10-2003 90198 001 ***150.00

01-10-2003 90198 002 *****8.75

Principal Place of Business Mailing Address 7860 NW 66 ST. 7860 NW 66TH STREET MIAMI FL 33166 MIAMI FL 33166 ARTMENT OF STATES. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. FOR DEPOSIT ONLY
AGGT, # 1009068796 Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State MAN 1 0 2003 City & State 4. FEI Number 59-2571138 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, MANUEL R. Sanda San Street Address (P.O. Box Number is Not Acceptable) 7860 NW 66TH STREET **MIAMI FL 33166** City Zip Code 8. The above named outing 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 at SIGNATURE Signature, typed or puried hama of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE Change Addition ☐ Delete TITLE HERNANDEZ, MANUEL R. NAME NAME 7860 NW 66 ST STREET ADDRESS STREET ADDRESS MIAMI FL 33166-2628 CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE VPTD ☐ Delete TITLE HERNANDEZ, JORGE NAME NAME STREET ADDRESS STREET ADDRESS -7860 NW 66 ST. CITY-ST-ZIP MIAMI FL 33166-2628 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP

CR2E034 (10/02)

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:

CITY-ST-ZIP

SREPEQUEMANUEL HERNANDEZ 01/07/03 SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR