

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90022 029 ***158.75

DOCUMENT # M66256

1. Entity Name
SOLAH, INC.



Principal Place of Business
**4923 WEST CYPRESS ST.
TAMPA, FL 33607**

Mailing Address
**4923 WEST CYPRESS ST.
TAMPA, FL 33607**

54061472

2. Principal Place of Business
308 E. OAK AVE
Suite, Apt. #, etc.

3. Mailing Address
308 E. OAK AVE
Suite, Apt. #, etc.



07062004 Chg-P CR2E034 (10/03)

City & State
TAMPA, FL 33602

City & State
TAMPA, FL

4. FEI Number
59-2871733

Applied For
Not Applicable

Zip
33602

Country

Zip
33602

Country

HILLSBORO, FL

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, ARNALDO
2202 E WOODLAWN AVE
TAMPA, FL 33607**

**8004 N. HIGHLAND AVE
TAMPA, FL 33604**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
HERNANDEZ, ARNALDO
2202 E WOODLAWN AVE
TAMPA, FL 33607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
ARNALDO HERNANDEZ
8004 N. HIGHLAND AVE
TAMPA, FL 33604** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

7/6/04
Date

813 228-6455
Daytime Phone #

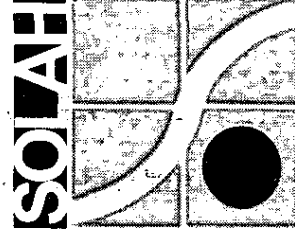
Attachment

54061472

July 6, 2004

Florida Department of State

Division of Corporation
P. O. Box 1500
Tallahassee, FL 32302-1500



Document: M66256

Enclosed is a check in the amount of \$158.75 and 2004 For Profit Corporation Annual Report form.

Last week we received Notice of Intent to Dissolve which apparently should have been received in May. We regret this was not paid earlier, but with both the company and I moving recently the information was not received in time.

Please contact me if there are questions at (813) 228-6422.

Sincerely,

Arnaldo Hernandez
President

FDS70641.XRE