

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

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90207 004 \*\*\*155.00

DOCUMENT # **M77740**

1. Entity Name

**SOL FASHIONS INC**

**DO NOT WRITE IN THIS SPACE**

**40024797**

2. Principal Place of Business

**3411 JOE ROAD**

Suite, Apt. #, etc.

City & State

**GALTON ACRES FL**

Zip

**33467**

Country

**PALM BEACH**

3. Mailing Address

**8296 WATERLINE DRIVE #103**

Suite, Apt. #, etc.

**#103**

City & State

**BOYNTON BEACH FL**

Zip

**33437**

Country

**PALM BEACH**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0042256**

Applied For

Not Applied

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**STEVEN SIEGLER**

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

**8296 WATERLINE DRIVE**

**#103**

City **BOYNTON BEACH**

**FL**

Zip Code

**33437**

**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.

SIGNATURE

*Steven Siegler*

**STEVEN SIEGLER, PRES**

**2/25/05**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>PRES</b>
NAME	<b>STEVEN SIEGLER</b>
STREET ADDRESS	<b>8296 WATERLINE DRIVE #103</b>
CITY- ST- ZIP	<b>BOYNTON BEACH, FL 33437</b>
TITLE	<b>V. PRES</b>
NAME	<b>LOUISE MANDEL</b>
STREET ADDRESS	<b>8296 WATERLINE DRIVE #103</b>
CITY- ST- ZIP	<b>BOYNTON BEACH, FL 33437</b>
TITLE	
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**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 11 or on an attachment with an address, with all other like empowered

SIGNATURE:

*Steven Siegler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEVEN SIEGLER 561 967-2928**