

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009535

FILED  
Apr 11, 2011  
Secretary of State

**Entity Name:** KATIA SOLOMON FOUNDATION, INC.

**Current Principal Place of Business:**

14102 EASTLAND LANE  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

KATIA SOLOMON FOUNDATION INC.  
P.O. BOX 22375  
TAMPA, FL 33622

**New Mailing Address:**

**FEI Number:** 90-0120182      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LUNSFORD, BRYAN PRES  
502 COVINGTON PARK ST  
SEFFNER, FL 33584 US

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

LUNSFORD, BRYAN PRES  
16130 LYTHAM  
ODESSA, FL 33556 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/11/2011

Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: SOLOMON, MYRON  
Address: 14102 EASTLAND LN  
City-St-Zip: TAMPA, FL 33625

Title: TRS  
Name: CHAVES, PATRICIA  
Address: 8234 VASSAR CIRCLE  
City-St-Zip: TAMPA, FL 33634

Title: VP  
Name: PENNA, VICTOR  
Address: 2519 EDGEWATER RD  
City-St-Zip: TAMPA, FL 33606

Title: PRES  
Name: LUNSFORD, BRYAN  
Address: 16130 LYTHAM DR.  
City-St-Zip: ODESSA, FL 33556

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MYRON SOLOMON

Electronic Signature of Signing Officer or Director

DIR

04/11/2011

Date