2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N04000006119

Entity Name: SOLID ROCK ENTERPRISE, INC.

Current Principal Place of Business:

4899 NORTHWEST 24 AVENUE
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

3737 NORTHWEST 165 STREET
MIAMI GARDENS, FL 33054 US

New Mailing Address:

FEI Number: 47-0957110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMAS, ARNETHA A
3737 NORTHWEST 165 STREET
MIAMI GARDENS, FL 33054 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	NOWELL, CHERYL PSY.D	
Address:	4899 NORTHWEST 24 AVENUE	
City-St-Zip:	MIAMI, FL 33142 US	
Title:	VP	( ) Delete
Name:	THOMAS, FRAN L	
Address:	3737 NORTHWEST 165 STREET	
City-St-Zip:	MIAMI, FL 33054 US	
Title:	VP	( ) Delete
Name:	HARDEMON, STEPHANIE	
Address:	10160 SOUTHWEST GUAVA STRET	
City-St-Zip:	MIAMI, FL 33157 US	
Title:	S	( ) Delete
Name:	LEE, FRANCINE	
Address:	1892 NW 172 STREET	
City-St-Zip:	MIAMI, FL 33168	
Title:	T	( ) Delete
Name:	LATSON, GERRY REV.	
Address:	4899 NW 24 AVENUE	
City-St-Zip:	MIAMI, FL 33142	
Title:	EX D	( ) Delete
Name:	THOMAS, ARNETHA A	
Address:	3737 NORTHWEST 165 STREET	
City-St-Zip:	MIAMI GARDENS, FL 33054 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNETHA A. THOMAS EX D 04/14/2009
Electronic Signature of Signing Officer or Director — Date