

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000537

Entity Name: SOLVE NOW, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

7335 WEST 15TH AVENUE
HIALEAH, FL 330143822

New Principal Place of Business:

Current Mailing Address:

7335 WEST 15TH AVENUE
HIALEAH, FL 330143822

New Mailing Address:

FEI Number: 06-1834427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTINEZ, DAVID JOSEPH
935 PENNSYLVANIA AVENUE
UNIT #307
MIAMI BEACH, FL 331395440 US

Name and Address of New Registered Agent:

MARTINEZ, DAVID JOSEPH
6031 S.W. 183RD WAY
SOUTHWEST RANCHES, FL 333311637 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:

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, DAVID JOSEPH
Address: 935 PENNSYLVANIA AVENUE, UNIT #307
City-St-Zip: MIAMI BEACH, FL 331395440

Title: VPD () Delete
Name: MENDOZA, JOSE
Address: 8231 S.W. 5TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: STD () Delete
Name: MENDOZA, WILHELMINA
Address: 128 WEST BAYRIDGE DRIVE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARTINEZ, DAVID JOSEPH
Address: 6031 S.W. 183RD WAY
City-St-Zip: SOUTHWEST RANCHES, FL 333311637

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: DAVID JOSEPH MARTINEZ

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date