## **2004 FOR PROFIT CORPORATION**

## Apr 19, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-19-2004 90297 045 \*\*\*150.00 DOCUMENT # P0000006735 1. Entity Name SOLIMAR REALTY, INC. **04000400** Principal Place of Business Mailing Address 584 EAST 50 STREET 584 EAST 50 STREET HIALEAH, FL 33013 HIALEAH, FL 33013 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0976371 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AZCUY, BARBARA 584 EAST 50 STREET Street Address (P.O. Box Number is Not Acceptable) HIALEAH, FL 33013 多豪 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 SIGNATURE. Signature, typed or price he of registered agent and title f applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. -TITLE ☐ Delete TITLE Change ☐ Addition NAME AZCUY, BARBARA NAME STREET ADDRESS 584 EAST 50 STREET STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 of ruyee 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

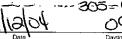
SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR



**FILED**