FILED

03 MAY -1 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030550

1. Entity Name
SOLFER CORP.

500020258105
05/29/03--01078--011 **300.00

Principal Place of Business	Mailing Address
3550 BISCAYNNE BLVD 604 MIAMI, FL 33137	3550 BISCAYNNE BLVD 604 MIAMI, FL 33137

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
PO Box 802732	PO Box 802732
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: AVENTURA, FL	City & State: AVENTURA, FL
Zip: 33180 Country	Zip: 33180 Country

4. FEI Number: 65-1007140 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETTINEROLI, SOLEDAD 3550 BISCAYNE BLVD. STE 604 MIAMI, FL 33137	Name: FERNANDO PETTINEROLI Street Address (P.O. Box Number is Not Acceptable): 24 NE 195 STREET City: MIAMI FL Zip Code: 33179

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 agent.

SIGNATURE: _____ 04/30/03
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $160.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETTINEROLI, SOLEDAD 3550 BISCAYNE BLVD, STE 604 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETTINEROLI, HERMINIA M 3550 BISCAYNE BLVD, STE 604 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETTINEROLI, DIMAS J 3550 BISCAYNE BLVD, STE 604 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETTINEROLI, FERNANDO D 3550 BISCAYNE BLVD, STE 604 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 or trustee 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.

SIGNATURE: _____ 04/29/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FF $150.00