## **2003 FOR PROFIT CORPORATION**

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P00000056191					FILED Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90165 036 ***150.00			
1. Entity Nam AL SOL,					04-11-2003 90163	036 ***150	.00	
Principal Place of Business 8877 COLLINS AVENUE #901 SURFSIDE FL 33154		Mailing Address 8877 COLLINS AVENUE #901 SURFSIDE FL 33154				104 <b>0</b> 111 <b>0 0</b> 14 <b>0</b> 1 11 <b>0</b> 40	1 <b>6</b> 101 (106 300)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 22-3742163	<u> </u>	plied For t Applicable	]
Zíp	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name	<u></u>	7. Name and Address of New Register	ed Agent		
BORROTO, ALCIDES 8877 COLLINS AVENUE #901				Address (P.C	D. Box Number is Not Acceptable)			
SURFSIDE FL 33154			City	City FL Zip Code			<del></del> -	
	e named entity submits this statement fo tions of registered agent.  Signature, typed or printed name of registered agent:		egistered office o		agent, or both, in the State of Florida. ! a		and accept	
Aftei	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,	Election Campaign Financing     Trust Fund Contribution.	\$5.0 Added	<b>0</b> May Be I to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORROTO, ALCIDES 8877 COLLINS AVENUE #901 SURFSIDE FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEL SOL, MANUEL 8611 BELLE MEADE DRIVE FORT MYERS FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		- Delete	NAME STREET ADDRESS CITY-ST-ZIP		anga sa ay	— Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

SIGNATURE:

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 december 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 of the corporation of the