
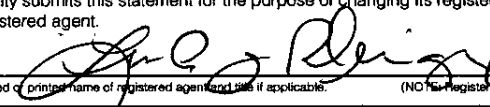



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90423 048 ***150.00

DOCUMENT # P00000060792			
1. Entity Name SOLEO ENTERPRISES, CORP.			
Principal Place of Business 10850 SW 113TH PLACE SUITE 215 MIAMI, FL 33176		Mailing Address 10850 SW 113TH PLACE SUITE 215 MIAMI, FL 33176	
2. Principal Place of Business 8553 SW 163 CT		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33193	Country DADE	Zip	Country
6. Name and Address of Current Registered Agent RODRIGUEZ, LINDO J 8553 S.W. 163RD COURT MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 agent. SIGNATURE:  Signature, typed or printed name of registered agent and fee if applicable. (NOT a registered agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PCEO RODRIGUEZ, LINDO J 8553 S.W. 163RD COURT MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO PRADO-RODRIGUEZ, SUZANNE 8553 S.W. 163RD COURT MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/30/04 (786) 488-6883	