

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90017 012 ***150.00

DOCUMENT # P00000091284

1. Entity Name
SOLID INVESTMENT GROUP, INC.



Principal Place of Business
**1032 WASHINGTON ST.
HOLLYWOOD, FL 33019**

Mailing Address
**1032 WASHINGTON ST.
HOLLYWOOD, FL 33019**



2. Principal Place of Business

3. Mailing Address

1835 E. Hallandale Bch Blvd
Suite, Apt. #, etc. **# 486**

1835 E. Hallandale Bch Blvd
Suite, Apt. #, etc. **# 486**

03192003 Chg-P CR2E034 (10/03)

City & State
Hallandale, FL.

City & State
Hallandale, FL.

4. FEI Number
65-1043541

Applied For
Not Applicable

Zip **33009** Country **BROWARD**

Zip **33009** Country **BROWARD**

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

**SOPENA, MARIO
1032 WASHINGTON ST.
HOLLYWOOD, FL 33019**

Name **OSCAR MONTALVO**

Street Address (P.O. Box Number is Not Acceptable)
1835 E. Hallandale Bch Blvd #486

City **Hallandale**

FL

Zip Code **33009**

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 **Oscar Montalvo**
Signature, typed or printed name of registered agent and title if applicable.

OSCAR MONTALVO OFC
(NOTE: Registered Agent signature required when reinstating)

7-28-04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE **OF** ☐ Change ☒ Addition
NAME **OSCAR MONTALVO**
STREET ADDRESS **1835 E. Hallandale Bch Blvd #486**
CITY-ST-ZIP **HALLANDALE, FL. 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE **OF** ☐ Change ☒ Addition
NAME **MARIO SOPENA**
STREET ADDRESS **2019 Harrison St.**
CITY-ST-ZIP **HOLLYWOOD, FL. 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ 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 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: **Oscar Montalvo** **OSCAR MONTALVO OFC.** **7-28-04 9546052779**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #