

APR-21-03 10:58 AM
 Apr 21 03 10:04a

SOLANA TRADING OF FL INC 95
 Kunkel Miller & Hamant 8

FILED
Apr 29, 2003 8:00 am
Secretary of State
 04-29-2003 90065 030 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100025001 NC ✓
 1. Entity Name: HARBOR AMERICA FLORIDA INC.
 12/23/02

Principal Place of Business: 1700 WEST ATLANTIC BLVD, STE 209, POMPANO BEACH, FL 33069
 Mailing Address: 1600 WEST ATLANTIC BLVD., STE. 209, POMPANO BEACH, FL 33069

2. Principal Place of Business: _____ 3. Mailing Address: _____

State, Apt. #, etc.: _____ State, Apt. #, etc.: _____

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

4. FE Number: **65-1094753** 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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

Name: _____
 Street Address (P.O. Box Number's Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. The above named entity admits 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: _____ DATE: _____

9. Election Campaign Financing: \$5.00 May Be Added to Fee
 Trust Fund Contribution

OFFICERS AND DIRECTORS

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

10. TITLE	11. TITLE
NAME: RHODES, MARIA F STREET ADDRESS: 1600 WEST ATLANTIC BLVD., STE. 209 CITY, STATE, ZIP: POMPANO BEACH, FL 33069	
NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	
NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	
NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	
NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	
NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	

10. TITLE	11. TITLE
NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	
NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	
NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	
NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	
NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	
NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(5)(b), Florida Statutes. I further certify that the information indicated on this report or statements/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 file this report as required by Chapter 507, Florida Statutes, and that my name appears in Book 10 or Book 11 if changed, or in an attachment with an address with a signature of the empowered.

SIGNATURE: Maria Rhodes

4-21-03 954-946-2446

FORM 1000 AND TYPES OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

OTHER CHANGES