2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000055131

1. Entity Name

SOLDI INVESTMENTS INC.



Principal Place of Business

5640 COLLINS AVE

APT. 6 "D"

MIAMI BEACH, FL 33140

Mailing Address

5640 COLLINS AVE

APT. 6 "D" MIAMI BEACH, FL 33140

01232007

No Chg-P

CR2E034 (11/05)

FILED

Mar 26, 2007 08:00 AM Secretary of State

4. FEI Number 65-1105816 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINGUILLON, EDUARDO 5640 COLLINS AVE #6D MIAMI BEACH, FL 33140

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WIIAWII BEA	1011, 12 33140			IN	THIS SPACE
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	D. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINGUILLON, EDUARDO 5640 COLLINS AVE #6D MIAMI BEACH, FL 33140				
TITLE	D				
NAME	MINGUILLON, MARIA I				U00000679747 04/03/07-80049-025 150.00
STREET ADDRESS CITY-ST-ZIP	5640 COLLINS AVE #6D MIAMI BEACH, FL 33140				04/U3/U1~89043~U25 I5U.9U
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN	THIS SPACE
TITLE NAME					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or sur plemental/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 it changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/21/2007

3059896773

Dayuma Phone