FILED
May 14, 2004 8:00 am
Secretary of State
05-14-2004 90008 021 ***150.00

20|4 I|' R PROFIT CORPORATION ANNUAL REPORT

DOCUME NT # P01000056471

1. Entity Name
THE SOLUT ON I S RANCE GROUP, INC.

Principal Place of Business:
9833 S.W. 40TH T.
MIAMI, FL 3316!

Mailing Address
9833 S.W. 40TH ST.
MIAMI, FL 33165

54054459

DO NO WRITE IN THIS SPACE

01072004 No Chg-P CI 2E034 (10/

4. FEI Number
65-1113921

5. Certificate of Status Desired $8.75 Fee Re

6. Name a dress of Current Registered Agent

BENITO, DIAN
9833 S.W. 40T ST.
MIAMI, FL 33 65

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8. The above nam entity s this statement for the purpose of changing registered office registered agent, or both, in the State of Florida. am familiar accept the obligations registered agent.

SIGNATURE
Signature, typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NO WILL BE $150.00 After May 1 2004 will be $550.00

9. Election Campaign Financing Trust Fund Contribution.

$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BE TO, A
STREET ADDRESS	983 S.W. ST.
CITY-ST-ZIP	MIA I, FL 3
TITLE	VD
NAME	RIV LTA, RY
STREET ADDRESS	983 S.W. ST.
CITY-ST-ZIP	MIA I, FL 3
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 06.29 '10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

05/12/0 12:1 FAX 305 2339969