

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000107020

**FILED**  
**Aug 16, 2010**  
**Secretary of State**

**Entity Name:** SOLACHE CORPORATION

**Current Principal Place of Business:**

6870 NW 169TH ST  
HIALEAH, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

6870 NW 169TH ST  
HIALEAH, FL 33015

**New Mailing Address:**

**FEI Number:** 65-1151865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOLACHE, ROGELIO  
7683 NW 178TH ST  
MIAMI, FL 33015 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: SOLACHE, ROGELIO  
Address: 5500 SW 92ND AVE  
City-St-Zip: MIAMI, FL 33015

Title: DV  
Name: SOLACHE, CARLOS  
Address: 17201 NW 77TH CT  
City-St-Zip: MIAMI, FL 33015

Title: D  
Name: SOLACHE, RAFAEL  
Address: 6776 NW 176 TERRACE  
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROGELIO SOLACHE

DPST

08/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date