FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90111 028 ***150.00

80081191

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000107020

1. Entity Name
SOLACHE CORPORATION

Principal Place of Business	Mailing Address
5500 SW 92ND AVE MIAMI, FL 33165	5500 SW 92ND AVE MIAMI, FL 33165

[redacted]

2. Principal Place of Business	3. Mailing Address
6870 NW 169TH ST	6870 NW 169TH ST
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: HIALEAH, FLORIDA	City & State: HIALEAH, FLORIDA
Zip: 33015 Country:	Zip: 33015 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1151865 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLACHE, ROGELIO
5500 SW 92ND AVE
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name: SOLACHE, ROGELIO
Street Address (P.O. Box Number is Not Acceptable): 7683 NW 178TH ST
City: MIAMI FL Zip Code: 33015

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 ______________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10 OFFICERS AND DIRECTORS		☐ Delete	11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		☐ Change / ☒ Addition
TITLE	DPST		TITLE	DV	
NAME	SOLACHE, ROGILIO		NAME	SOLACHE, CARLOS	
STREET ADDRESS	5530 SW 92ND AVE		STREET ADDRESS	17201 NW 77TH CT	
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP	MIAMI FL 33015	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] ROGELIO SOLACHE 03/20/2003 (305)364-0051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #