


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000082648		
1. Entity Name SOLID TOP SOLUTIONS, INC.		
Principal Place of Business 4350 SW 59 AVE H 6,7 DAVIE, FL 33314	Mailing Address 4350 SW 59 AVE H 6,7 DAVIE, FL 33314	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JACQUES, TIMOTHY L 5701 SW 37 ST. DAVIE, FL 33314		DO NOT WRITE IN THIS SPACE
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 <u>TIM JACQUES</u> <u>OWNER</u> <u>4/14</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACQUES, TIMOTHY L 5701 SW 37 ST. DAVIE, FL 33314	
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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 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: <u>TIM JACQUES</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/14</u> <u>9317321035</u> <small>Date Daytime Phone #</small>



04092006 No Chg-P CR2E034 (11/05)

4. FEI Number
52-2371082

Applied For
Not Applicable

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

U00000521676
05/02/06-80145-014 150.00

**DO NOT WRITE
IN THIS SPACE**