

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT# P02000083248 1. EntityName SOLMARKMEDIAGROUP, INC.	
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PrincipalPlaceofBusiness 2625 PONCE DE LEON, #285 CORAL GABLES, FL 33134	MailingAddress 2625 PONCE DE LEON, #285 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01112005 NoChg-P CR2E034(10/03)

4. FE/Number 02-0640264	AppliedFor NotApplicable
5. CertificateofStatusDesired ☐	\$8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent HILLMAN-WALLER, LOUISMESQ. 3006 AVIATION AVENUE PENTHOUSE 4-C COCONUT GROVE, FL 33133	DO NOT WRITE IN THIS SPACE
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8. The abovenamed 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 _____ (NOTE: Registered Agent's signature required when re-instating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VILLAR, ARTURO 2625 PONCE DE LEON, #285 CORAL GABLES, FL 33134
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04/25/05-00050-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  **4/21/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone# _____