2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P02000084348

1. Entity Name

SOLID VENTURES ENTERPRISES, INC.

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90799 019 ***150.00

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Principal Place of Business 7376 S.W. 42ND STREET MIAMI FL 33155		Mailing Address 7376 S.W. 42ND STREET MIAMI FL 33155		4 10011001 131 00110 13041 00114 00114 00131 00131	ODIH AKAND KIKU OKONI MIK INDA		
2. Principal P	lace of Business	3. Mailing Address					
7376	SW 42 St.	7376 5W 42	St·				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING	CHANGES		
City & Stat	7.4	City & State Miami, F1.		4. FEI Number 637/38	Applied For Not Applicable		
33/55	Country USA	33/55	Country 45A	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	None	7. Name and Address of New Registered	7. Name and Address of New Registered Agent		
007504	ALAN		Name	· · · · · · · · · · · · · · · · · · ·			
ORTEGA,			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
	42ND STREET						
Miami Fl	33155						
			City	FL			
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I am	familiar with, and accept		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signature requi	ired when reinstating) DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 t Payable to Florida Department o	f State		9. Election Campaign Financing Trust Fund Contribution. C	\$5.00 May Be Added to Fees		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 11		
TITLE NAME STREET ADDRESS	PSTD ORTEGA, OLGA L 7376 S.W. 42ND STREET	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition		
CITY-ST-ZIP	MIAMI FL 33155		CITY-ST-ZIP				
TITLE	\$ 1. p	☐ Delete	TITLE		☐ Change ☐ Addition ☐		
NAME STREET ADDRESS	**		NAME STREET ADDRESS				
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CITY-ST-ZIP			CITY-ST-ZIP	0 11 110 00(0)(0) 51 11 00 11 11			
12. I hereby of	certify that the information supplied with	this filing does not qualify for	r the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further cer	tity 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: