

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2004 8:00 am**  
**Secretary of State**

08-24-2004 90001 031 \*\*\*150.00

<b>DOCUMENT # P02000118573</b> 1. Entity Name <b>SOLGEN TECHNOLOGY, INC.</b>			
Principal Place of Business <b>4713 CANARD RD MELBOURNE, FL 32934</b>		Mailing Address <b>4713 CANARD RD MELBOURNE, FL 32934</b>	
2. Principal Place of Business <b>1102 WOODFIELD RD</b>		3. Mailing Address <b>1102 WOODFIELD RD.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>WEST PALM BEACH, FL</b>		City & State <b>WEST PALM BEACH, FL</b>	
Zip <b>33415</b>		Zip <b>33415</b>	
Country 		Country 	
4. FEI Number <b>27-0037700</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUBICKI, JOSEPH T 4713 CANARD RD MELBOURNE, FL 32934</b>		7. Name and Address of New Registered Agent Name <b>JOSEPH T. HUBICKI</b> Street Address (P.O. Box Number is Not Acceptable) <b>1102 WOODFIELD RD.</b> City <b>WEST PALM BEACH</b> FL Zip Code <b>33415</b>	
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 <i>Joseph T. Hubicki</i> <b>JOSEPH T. HUBICKI</b> <b>8/20/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HUBICKI, JOSEPH T 4713 CANARD RD MELBOURNE, FL 32934</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JOSEPH T. HUBICKI 1102 WOODFIELD RD. WEST PALM BEACH, FL 33415</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Joseph T. Hubicki</i> <b>JOSEPH T. HUBICKI</b> <b>8/20/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

561-214-0617