

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90021 036 ***150.00

DOCUMENT # P03000019571

1. Entity Name

ROCK SOLID VENTURES, INC.



Principal Place of Business

5400 S UNIVERSITY DR, STE 310
DAVIE FL 33328

Mailing Address

P O BOX 224028
HOLLYWOOD FL 33022

2. Principal Place of Business

4520 NE 18 AVE

3. Mailing Address

SAME AS 2.

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

Zip

33334

Country

BROWARD

Zip

Country

4. FEI Number

77-0594046

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALZER, MAXWELL
605 SW 6 AVE
FT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name

SAME AS 6.

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE DP
NAME WALZER, MARK
STREET ADDRESS 9208 NW 72 ST
CITY-ST-ZIP DAVIE FL 33328 ☐ Delete

TITLE DV
NAME WALZER, MAXWELL
STREET ADDRESS 605 SW 6TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33315 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

PLEASE update
with FEI#
77-0594046
WAS LEFT
OFF ORIGINAL
APPLICATION with
check Thanks

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #