

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069008

Entity Name: SOL TIME INC.

FILED
Apr 01, 2006
Secretary of State

Current Principal Place of Business:

8001 SO. ORANGE BLOSSOM TRAIL
SUITE 364
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

1916 CENTRAL PARK AVE.
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 32-0081820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVAS, ELOILDA
1916 CENTRAL PARK AVE.
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIVAS, ELOILDA
Address: 8001 SO. ORANGE BLOSSOM TRAIL, #364
City-St-Zip: ORLANDO, FL 32809

Title: VPD () Delete
Name: RIVAS, JOSE A JR
Address: 8001 SO. ORANGE BLOSSOM TRAIL, #364
City-St-Zip: ORLANDO, FL 32809

Title: MD () Delete
Name: RIVAS, JOSE A SR
Address: 8001 SO. ORANGE BLOSSOM TRAIL, #364
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: RIVAS, JOSE A SR.
Address: 8001 SO. ORANGE BLOSSOM TRAIL, #364
City-St-Zip: ORLANDO, FL 32809

Title: MD (X) Change () Addition
Name: RIVAS, JOSE A JR.
Address: 8001 SO. ORANGE BLOSSOM TRAIL, #364
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELOILDA RIVAS

Electronic Signature of Signing Officer or Director

PRES

04/01/2006

Date