## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P03000079426 Jan 25, 2007 08:00 AN 1. Entity Name **Secretary of State** SOLARES CONSTRUCTION, INC. Principal Place of Business Mailing Address 3420 SW 128TH AVE. 3420 SW 128TH AVE. MIAMI FL 33175 **MIAMI FL 33175** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 41-2103912 Not Applicable Zip Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SOLARES, DANIEL 3420 SW 128TH AVE. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33175 City 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 title i applicable (NOTE. Registered Agent signature required when reinstating) DAIL FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Ū mar ☐ Delete Ctiange HEE SOLARES, DANIEL NAME NAME U00000603943 01/29/07-80034-014 158.75 3420 SW 128TH AVE. STREET ADDRESS SIDELL ADORESS. MIAMI FL 33175 CITY ST ZIP CITY-SI-ZIP 11111 ☐ Dolete ☐ Change SHE Addition STREET ADDRESS STREET ADDRESS CITY SI ZIP CITY-SI ZIP Delete HILE Change ☐ Addition NAMI NAME SINCLI ADDRESS STREET ADDRESS CHY SI ZIP CITY ST ZIP ☐ Change HILE Delete [[7]] ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-71P CITY ST 701 DHE ☐ Delete III ☐ Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CHY SE-ZIP CHY SLAP HILF ☐ Delete HILL Change ☐ Addition MARK MAKE STREET ADDRESS STREET ADDRESS CITY+SI-7IP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath, 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.