· 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 25, 2008 08:00 AM DOCUMENT # P03000079426 **Secretary of State** 1. Entity Namo SOLARES CONSTRUCTION, INC. Principal Place of Business Mailing Address 3420 SW 128TH AVE. MIAMI FL 33175 3420 SW 128TH AVE. MIAMI FL 33175 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #. etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 41-2103912 Not Applicable Z_{iD} Cauntry 7in 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 Name SOLARES, DANIEL Street Address (P.O. Box Number is Not Acceptable) 3420 SW 128TH AVE. **MIAMI FL 33175** Zip Code FL 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. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Synotore, typed or printed harm of registred apentians the Emphasia. (NOTE: Registried Appril a grature renoment when reject thing) DATE 神经病 FILE NOW!!! FEE:IS \$150.00 计单分单 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D Defete TITLE ☐ Change ☐ Addition NAME SOLARES, DANIEL NAME STREET ADDRESS 3420 SW 128TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST 7IP 01/29/09-80065-016 158.75 Detete TITLE шь ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP HILE Derete mr ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-SI-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY- ST- ZIP ☐ Change HELF ☐ Defete THE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY SI- ZIP

SIGNATURE:

DANIEL SOLARES, Plesident 1-23-08

SIGNATURE AND TYPED OR PRINTED-NAME OF SIGNING OFFICER OR DIRECTOR

Daniel 1-23-08

Daniel 1-23-08

Daniel 1-23-08

Daniel 1-23-08

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 officer as if made under oath; that I am an officer or director of 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.