

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90103 030 ***150.00

DOCUMENT # P03000092494 1. Entity Name SOLDATIG ZE INVESTMENTS INC.			
Principal Place of Business 1255 BELLE AVE STE 120 WINTER SPRINGS, FL 32708		Mailing Address 1255 BELLE AVE STE 120 WINTER SPRINGS, FL 32708	
2. Principal Place of Business - No P.O. Box # 1255 Belle Ave		3. Mailing Address 1255 Belle Ave	
Suite, Apt. #, etc. Suite 109		Suite, Apt. #, etc. Suite 109	
City & State Winter Spring, FL		City & State Winter Spring, FL	
Zip 32708		Zip 32708	
Country 		Country 	
4. FEI Number 20-0178625		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZERPA, ISMAEL 15450 SW 77 CIRCLE LN APT 205 MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Ismael Zeipa Street Address (P.O. Box Number is Not Acceptable) 2967 Lyndscope St City Orlando FL Zip Code 32833	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZERPA, ISMAEL 15450 SW 77 CIRCLE LN APT 205 MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ismael Zeipa 2967 Lyndscope St Orlando, FL 32833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Martha Rodriguez 2967 Lyndscope St Orlando, FL 32833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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 exemptions contained 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 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: <u>Ismael Zeipa</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04-21-2007 Date Daytime Phone #	