

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117088

Entity Name: SOL DEL MAR CONTRACTORS, INC.

FILED  
Mar 10, 2006  
Secretary of State

## Current Principal Place of Business:

10289 ALLAMANDA BLVD.  
PALM BEACH GARDENS, FL 33410

## New Principal Place of Business:

## Current Mailing Address:

10289 ALLAMANDA BLVD.  
PALM BEACH GARDENS, FL 33410

## New Mailing Address:

FEI Number: 72-1574299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLER, COREY P  
6230-2 INDIANTOWN ROAD  
JUPITER, FL 33458 US

## Name and Address of New Registered Agent:

DEOLIVEIRA, AILEEN G  
10289 ALLAMANDA BLVD.  
PALM BEACH GARDENS, FL 33410 US

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: AILEEN DEOLIVEIRA

03/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DEOLIVERIA, CARLOS  
Address: 10289 ALLAMANDA BLVD.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S ( ) Delete  
Name: DEOLIVERIA, CARLOS  
Address: 10289 ALLAMANDA BLVD.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T ( ) Delete  
Name: DEOLIVERIA, CARLOS  
Address: 10289 ALLAMANDA BLVD.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: V ( ) Delete  
Name: DEOLIVEIRA, AILEEN  
Address: 10289 ALLAMANDA BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: AILEEN DEOLIVEIRA

VP

03/10/2006

Electronic Signature of Signing Officer or Director

Date