

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90540 001 \*\*\*300.00

4/11

66424133



MOORE CR2E034 (11/03)

**DOCUMENT # P03000122744**  
 1. Entity Name  
**SOLA EXPORT, INC.**



Principal Place of Business Mailing Address  
**5805 BLUE LAGOON DRIVE SUITE 140 MIAMI FL 33126** **5805 BLUE LAGOON DRIVE SUITE 140 MIAMI FL 33126**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **04-3192404** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GAMEZ, CESAR A**  
**7000 ISLAND BLVD**  
**140**  
**AVENTURA FL 33160**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

I, 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]* DATE **4/30/04**

**FILE NOW!!! FEES \$150.00**  
 After May 1, 2004 Fee will be \$350.00  
 Check Payable to Florida Department of State

8. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>GAMEZ, CESAR A</b>	
STREET ADDRESS	<b>7000 ISLAND BLVD #303</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33160</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>BILBAO, I AKI</b>	
STREET ADDRESS	<b>5805 BLUE LAGOON DRIVE, SUITE 140</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>JAUREGUI, GALO</b>	
STREET ADDRESS	<b>5805 BLUE LAGOON DRIVE, SUITE 140</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BILBAO, INAKI</b>	
STREET ADDRESS	<b>5805 BLUE LAGOON DR. SUITE 140</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE **4/30/04** Daytime Phone #