2007 FOR PROFIT CORPORATION

Feb 12, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000012394 02-12-2007 90092 031 ***150.00 SOL RECORDS & PRODUCTIONS, INC. Mailing Address Principal Place of Business 1200 NW 78TH AVE., SUITE 216 1200 NW 78TH AVE., SUITE 216 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 73-1696311 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PELIX RD MEO CARCIA, MARIA E Street Address (P.O. Box Number is Not Acceptable) 1200 NW 78TH AVE., SUITE 216 MIAMI, FL 33126 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. 1/30/07 REGISTERED SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition NAME GARCIA, MARIA E NAME STREET ADDRESS 16273 SW 76TH ST. STREET ADDRESS MIAMI, FL 33193 CITY-ST-ZIP CITY-ST-712 DIRECTOR TITLE ☐ Delete TITLE ☐ Change Addition FELIX ROMED ST. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP FL .33193 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. 30/01 FELIX ROHEO (305) 1990702

> SIGNATURE AND TYPED OF RINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE

Daytime Phone #

FILED