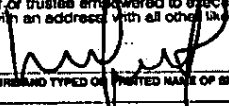


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2005 8:00 am
Secretary of State

08-30-2005 90028 014 ***150.00

DOCUMENT # P04000023777			
1. Entity Name SOLUTION COMPUTER INC.			
Principal Place of Business 1870 N.E. 163RD ST. N. MIAMI BCH, FL 33162		Mailing Address 1870 N.E. 163RD ST. N. MIAMI BCH, FL 33162	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TESTA, LUCIANA P 800 NE 195TH ST., #516 N. MIAMI BCH, FL 33179		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST TESTA, LUCIANA P 800 NE 195TH ST., #516 N. MIAMI BCH, FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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: 		Date: 08.22.05 (305) 956 2222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

bb067600



08182005 Chg-P CR2E034 (10/03)

4. FEI Number **200592481** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

ATTACHMENT

66027289

SOLUTION COMPUTERS
1870 NE 163RD STREET
NORTH MIAMI BEACH, FL 33162

1447

63-643/670
BRANCH 00828

Date 08.20.05



Pay to the
Order of

Solution of Corporations

\$ 150⁰⁰

One hundred fifty ²⁴/₁₀₀

Dollars



WACHOVIA

Wachovia Bank, N.A.
wachovia.com

For #

PO4000023777

huf