## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 18, 2006 08:00 AM Secretary of State

ANNUAL REPORT			Secretary of State		
DOCUMENT # P040  1. Entity Name SOLUTION COMPUTER INIT		}	Secret	ary or state	
Principal Place of Business 1870 N.E. 163RD ST.	Mailing Address 1870 N.E. 163RD ST.	<b>2</b>	-		
N. MIAMI BCH, FL 33162	N. MIAMI BCH, FL 33162		Committee es	i Birat dilite dalili dalili Boli	2) - Albert - State -
		A T			
DO NOT W	DITE IN THIS SO	NCE.	01112006	No Chg-P	GR2E034 (11/05)
DO NOT W	RITE IN THIS SPA	ACE	4. FE) Number 20-059		Applied For   Not Applicat
			5. Certificate	of Status Desired	\$8.75 Additional Fee Required
6. Name and Address	of Current Registered Agent				
TESTA, LUCIANA P 800 NE 195TH ST., #516			DO	<b>NOT W</b>	RITE
N. MIAMI BCH, FL 33179			IN T	THIS SF	ACE
	Λ				
The above named entity subflits this the obligations of registered agent.	statement for the purpose of changing its regis	tered office or register	red agent, or bo		
SIGNATURE Signature, typed or printed name of	revistered agent and title it applicable. (NOTE: Regi	stered Agent signature required	d when reinstating)	01.1	206 DATE
FILE NOW!!! FEE IS \$1 After May 1, 2006 Fee will	50.00 9. Election Campaign Fi be \$550.00 Trust Fund Contributi		.00 May Be led to Fees	Un0000 01/24/06-	0390815 -80014-005 150.00
}	TCERS AND DIRECTORS		~	<del>'</del>	V
TITLE PVST NAME TESTA, LUCIANA P		1		•	
STREET ADDRESS   800 NE 195TH ST., #5		}			
TITLE NAME		_			*
STREET ADDRESS CITY-ST-ZIP					
TITLE		<del></del>			
NAME STREET ADDRESS			DO	NOT W	DITE
CITY-ST-ZIP		<del></del>			
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CITY-ST-ZIP		_1			
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STREET ADDRESS CITY-ST-ZIP					
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NAME STREET ADDRESS					
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12. I hereby certify that the information supplied with this filing-does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information indicated on this report or supplemental regort 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with appetreylike empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

N1. 12. 2006

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