


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 01, 2005 8:00 am**  
**Secretary of State**

07-01-2005 90003 024 \*\*\*150.00

<b>DOCUMENT # P04000031262</b>	
1. Entity Name <b>JOHN SOLEN, INC.</b>	

Principal Place of Business <b>C/O JOHN SOLEN 7255 SW 167 STREET MIAMI, FL 33157</b>	Mailing Address <b>C/O JOHN SOLEN 7255 SW 167 STREET MIAMI, FL 33157</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**20061026**



06232005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>BARTHET, PATRICK C ESQ. 200 SOUTH BISCAYNE BOULEVARD SUITE 1800 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>JOHN SOLEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>7255 SW 167 St,</b> City <b>MIAMI</b> FL <b>33157</b>	
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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 John R. Solen John R. Solen DATE 3/25/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SOLEN, JOHN 7255 SW 167 STREET MIAMI, FL 33157</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: John R. Solen John R. Solen DATE 3/25/05 786-246-6210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

20061026

3/25/05

To whom it may concern,  
After calling your office to explain why  
my renewal fee was not received, I was  
instructed to send a hand written reason.  
I did not receive the renewal notice in  
the mail. This was my first year in business  
and I was unaware that there was an annual  
fee. Now I am aware of the due date each  
year, this will not happen again.

Thank you,

John R. Soler

John R. Soler

ATTACHMENT

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