2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039819

City-St-Zip:

ATLANTA, GA 30350

Entity Name: SOLID STATE MEDIA INC.

FILED Apr 23, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3726 NE 167 ST				16590 NE 26TH AVENUE #501		
#40 NORTH MIAMI BEACH, FL 33160				NORTH MIAMI BEACH, FL 33160		
Current Mailing Address:				New Mailing Address:		
3726 NE 167 ST				16590 NE 26TH AVENUE		
#40 NORTH MIAMI BEACH, FL 33160				#501 NORTH MIAMI BEACH, FL 33160		
FEI Number:	: 20-1007747	FEI Number Applied	d For () FEI Nui	mber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CICCIARELLI, ULISES 3726 NE 167 ST				GONCALVES, RICHARD P 16590 NE 26TH AVENUE		
#40 NORTH MIAMI BEACH, FL 33160 US				#501 NORTH MIAMI BEACH, FL 33160 US		
The above in the State	named entity e of Florida.	submits this stateme	ent for the purpose o	of changing its register	ed office or registered agent, or both,	
SIGNATURE: RICHARD P. GONCALVES					04/23/2005	
	Electro	nic Signature of Reg	istered Agent		Date	
Election Car	mpaign Financir	g Trust Fund Contribu	tion ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GONCALVES, 16590 NE 26 A			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CICCIARELLI, 3726 NE 167 S			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	V () TROUTT, GAR 1723 JEFFER			Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RICHARD P GONCALVES P 04/23/2005