2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State
04-25-2005 90246 039 ***150.00

4/2:

DOCUMENT # P04000106510

1. Entity Name
TK SOLAR FILMS, INC.

Principal Place of Business	Mailing Address
99 SE 10TH AVENUE HALLANDALE BEACH, FL 33009	99 SE 10TH AVENUE HALLANDALE BEACH, FL 33009

04182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
99 SW 10 Ave	99SW 10 Ave
Suite, Apt. #, etc.: Unit D	Suite, Apt. #, etc.: Unit D
City & State: Hallandale Beach	City & State: Hallandale Beach
Zip: 33009 Country: USA	Zip: 9. Country: 33009

4. FEI Number: 42-1764-8432 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FELIPE, MARCELL ESQ 1401 BRICKELL AVENUE SUITE 500 MIAMI, FL 33131	Name: SAME 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ, CLAUDIO 99 SE 10TH AVENUE HALLANDALE BEACH, FL 33009	☐ Delete	Fernandez Claudio SECRETARY 99SW 10 Ave Hallandale FL 33009	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Silvia Franco Sandoval President 99SW 10 Ave Hallandale FL 33009	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Celina Franco 99SW 10 Ave Hallandale FL 33009	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 04/20/05 954 457 9178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #