
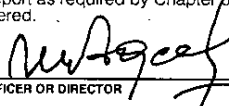


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90085 007 \*\*\*150.00

<b>DOCUMENT # P04000123535</b> 1. Entity Name <b>SOLUCIONES EMPRESARIALES, CORP.</b>			
Principal Place of Business <b>3350 NE 16 TERR. #7 POMPANO BEACH, FL 33064</b>		Mailing Address <b>3350 NE 16 TERR. #7 POMPANO BEACH, FL 33064</b>	
2. Principal Place of Business <b>3690 Iwerrary Dr.</b>		3. Mailing Address <b>3690 Iwerrary Dr.</b>	
Suite, Apt. #, etc. <b># 3H</b>		Suite, Apt. #, etc. <b># 3H</b>	
City & State <b>Lauderhill, FL</b>		City & State <b>Lauderhill, FL</b>	
Zip <b>33319</b>		Zip <b>33319</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-155-7446</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DUARTE ROSSI, GUIDO A 3350 NE 16 TERR. #7 POMPANO BEACH, FL 33064</b>		7. Name and Address of New Registered Agent Name <b>ANA AGUIAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>3690 Iwerrary Dr # 3H</b> City <b>Lauderhill</b> <b>FL</b> Zip Code <b>33319</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>DUARTE ROSSI, GUIDO A</b> STREET ADDRESS <b>3350 NE 16 TERR. #7</b> CITY-ST-ZIP <b>POMPANO BEACH, FL 33064</b>	TITLE <b>P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>ANA M. AGUIAR</b> STREET ADDRESS <b>3690 Iwerrary Dr # 3H</b> CITY-ST-ZIP <b>Lauderhill FL 33319</b>		
TITLE <b>V</b> <input type="checkbox"/> Delete NAME <b>AGUIAR, ANA M</b> STREET ADDRESS <b>3350 NE 16 TERR. #7</b> CITY-ST-ZIP <b>POMPANO BEACH, FL 33064</b>	TITLE <b>U</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Duarte Rossi, Guido</b> STREET ADDRESS <b>3350 NE 16 Terr #7</b> CITY-ST-ZIP <b>Pompano Beach FL 33064</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <b>T.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>ANA AGUIAR</b> STREET ADDRESS <b>3690 Iwerrary Dr # 3H</b> CITY-ST-ZIP <b>Lauderhill, FL 33319</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <b>ANA AGUIAR</b> 		Date <b>3-9-05</b> Daytime Phone # <b>954 709 2932</b>	