


FILED
May 02, 2005 8:00 am
Secretary of State

20053877

DOCUMENT # P04000142311				05-02-2005 90499 024 ***150.00	
1. Entity Name SOLAR 2004 INC.					
Principal Place of Business 901 PONCE DE LEON BLVD. SUITE 501 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BLVD. SUITE 501 CORAL GABLES, FL 33134			
2. Principal Place of Business		3. Mailing Address		20053877	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 20-1889040	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IRIONDO, ANDRES J 901 PONCE DE LEON BLVD. SUITE 501 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent	
				Name	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PVST IRONDO, ANDRES J 881 OCEAN DR., #22B KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Andres J. Iriondo</u> ANDRES J. IRIONDO 4-25-05 305 445 0611					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					