

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90232 002 ***150.00

DOCUMENT # P04000142311 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 - No P.O. Box # 1300 SE 17th ST Suite, Apt. #, etc. 210		3. Mailing Address 1300 SE 17th ST Suite, Apt. #, etc. 210	
City & State FT. LAUDERDALE FL		City & State FT. Lauderdale	
Zip 33316	Country USA	Zip 33316	Country USA
4. FEI Number 20-1889040		Applied For <input type="checkbox"/> Not Applicable	
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 MANUEL DENIS Street Address (P.O. Box Number is Not Acceptable) 1300 SE 17th ST. SUITE 210 City Fort Lauderdale FL Zip Code 33316	
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 <i>Manuel Denis</i> DATE 4/25/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D ST IRONDO, ANDRES J 881 OCEAN DR., #22B KEY BISCAVNE, FL 33149 <input checked="" 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	D IRONDO, ANDRES J 881 OCEAN DR., #22B KEY BISCAVNE, FL 33149 <input checked="" 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	DP MANUEL, DENISS 1300 S.E. 17 STREET SUITE 210 FT. LAUDERDALE, FL 33316 <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	DVP ANTONIO, CARBONEL 1300 S.E. 17 STREET SUITE 210 FT. LAUDERDALE, FL 33149 <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 exemptions contained in Chapter 119, 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: <i>Manuel Denis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/25/08 Daytime Phone # 954/467-8299	