## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 Secretary of Sta						
UN ARAH BENI BENI BENI NASI DARI BARI BUK NEN KARA BENI BENI KITAR						
No Chg-P CR2E034 (11/05)  O41 Applied For Not Applicable  Status Desired \$8.75 Additional Fee Required						
NOT WRITE HIS SPACE						
In the State of Florida. I am familiar with, and accept						
DATE						
U00000748859 05/17/07-80085-003 150.00						
NOT WRITE HIS SPACE						

## **DOCUMENT # P04000155270**

J. SOLER & R. GUERRERO, INC.



Principal Place of Business

Mailing Address

5110 ASHMEADE RD ORLANDO, FL 32810 P.O. BOX 707132 ORLANDO, FL 32860

## 04232007

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-18810 5. Certificate of

6. Name and Address of Current Registered Agent

SOLER, JOSE R 5110 ASHMEADE RD. ORLANDO, FL 32810

## DO I

8.	The above named entity submits this statement	for the purpose of chang	ing its registered office or	registered agent, or bot	h, in the State of Florida.	I am familiar with, and accept	Ĺ
	the obligations of registered agent.		•	•			
	•						

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE NAME SOLER, JOSE R 5110 ASHMEADE RD. STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32810 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davlime Phone #