

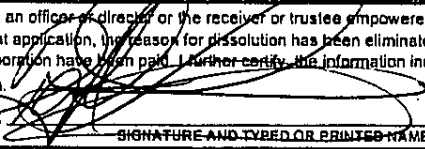


2010 FOR PROFIT ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION Annual Report		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 MAR -1 PM 2:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P05000004596					
1. Corporation Name El Sol Brands, Inc.					
2. Principal Office Address - No P.O. Box # 8700 NW 101 st St Suite, Apt. #, etc.		3. Mailing Office Address 8700 NW 101 st St Suite, Apt. #, etc.			
City & State Medley, FL		City & State Medley, FL			
Zip 33178	Country USA	Zip 33178	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 2/4/05		5. FEI Number 86-1128158 Applied For Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent Name Carl DelPrete Street Address (P.O. Box Number is Not Acceptable) 8700 NW 101 Street Suite, Apt. #, Etc. City Medley State FL Zip Code 33178					
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent  Date 2.26.10 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	Carl DelPrete	15989 D'Alene Dr		Delray Beach, FL 33446	
V	Philip DelPrete	30 Mary Court		Melville, NY 11747	
10. E-mail Address: cdel01@qol.com (To be used for future annual report notification)					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 		ROBERT FRANKSCO 2-26-10 305-884-3808			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	