## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000052383

Entity Name: SOLOMON SOD WORK INC

FILED May 22, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
2287 CHER MIDDLEBUI	VIL CT RG, FL 32068	US		
Current Ma	iling Address	:	New Mailing Address:	
2287 CHER MIDDLEBUI	VIL CT RG, FL 32068	US		
FEI Number: 3	33-1107634	FEI Number Applied For ( ) FEI Num	nber Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of Cu	rrent Registered Agent:	Name and Address of	New Registered Agent:
4429 CR 21	GEORGE M III 8 W RG, FL 32068	US		
The above r in the State		bmits this statement for the purpose o	f changing its registered	office or registered agent, or both,
SIGNATUR				
	Electronic	Signature of Registered Agent		Date
	e with s. 607.193(	Signature of Registered Agent  2)(b), F.S., the corporation did not receive to  Trust Fund Contribution ( ).	he prior notice.	Date
Election Cam	e with s. 607.193(	2)(b), F.S., the corporation did not receive t rust Fund Contribution ( ).	·	Date  S TO OFFICERS AND DIRECTORS:
Election Cam	e with s. 607.193( paign Financing 1	2)(b), F.S., the corporation did not receive to the firest Fund Contribution ( ).  DRS:  elete DA T	ADDITIONS/CHANGES	
Election Cam OFFICERS Title: Name: Address:	e with s. 607.193() paign Financing 1 AND DIRECTO P ()D SOLOMON, DAVI 2287 CHERVIL C MIDDLEBURG, FI	2)(b), F.S., the corporation did not receive to the struct Fund Contribution ( ).  ORS:  Total Contribution ( ).  DRA Total Contribution ( ).  Total Contribution ( ).	ADDITIONS/CHANGES Title: ( Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTORS:
Election Cam OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	e with s. 607.193() paign Financing 1 AND DIRECTO P () D SOLOMON, DAVI 2287 CHERVIL C' MIDDLEBURG, FI VP () D SOLOMON, GUSS 2287 CHERVIL C'	2)(b), F.S., the corporation did not receive to trust Fund Contribution ( ).  DRS:  elete DA T L 32068 US  elete SIE L T L 32068 US  elete	ADDITIONS/CHANGES  Title: ( Name: Address: City-St-Zip:  Title: ( Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTORS: ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.