

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90235 039 ***150.00

DOCUMENT # P05000061271

1. Entity Name

SOLOMON CONSULTING, INC.



Principal Place of Business

75 DEER RUN
MIAMI SPRINGS FL 33166

Mailing Address

POB 660505
MIAMI FL 33266



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 20-2769830

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENITEZ, EFRAIN
75 DEER RUN
MIAMI SPRINGS FL 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BENITEZ, EFRAIN
STREET ADDRESS 75 DEER RUN
CITY- ST- ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE PD
NAME BENITEZ, Efrain
STREET ADDRESS P.O. Box 660505
CITY- ST- ZIP mia FLA 33266-0505 ☐ Change ☐ Addition

TITLE VD
NAME BENITEZ, ODETTE
STREET ADDRESS 75 DEER RUN
CITY- ST- ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE VD
NAME BENITEZ, ODETTE
STREET ADDRESS P.O. Box 660505
CITY- ST- ZIP mia FL 33266-0505 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/07

786 413 7309