FILED
Mar 31, 2006 8:00 am
Secretary of State
02-27-2006 90083 036 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000062668

1. Entity Name
SOL PEREZ PA

Principal Place of Business	Mailing Address
10917 NW 73 TERRACE MIAMI FL 33178	10917 NW 73 TERRACE MIAMI FL 33178

66007884

2. Principal Place of Business	3. Mailing Address
2080 S. OCEAN DR.	2080 S. OCEAN DR.
Suite, Apt. #, etc. MPH-11	Suite, Apt. #, etc. MPH-11
City & State HALLANDALE BEACH	City & State HALLANDALE BEACH
Zip 33009 Country BROWARD	Zip 33009 Country BROWARD

1st MOORE CR2E034 (10/05)

4. FEI Number 38-3721416 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
PEREZ, SOL
10917 NW 73 TERRACE
MIAMI FL 33178

7. Name and Address of New Registered Agent
Name: SOL Perez
Street Address (P.O. Box Number is Not Acceptable): 2080 S. OCEAN DR. #M PH-11
City: HALLANDALE BEACH FL Zip Code 33009

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 ______________________ DATE ______
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, 2006 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREZ, SOL 10917 NW 73 TERRACE MIAMI FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOL PEREZ 2080 S. OCEAN DR. #MPH-11 HALLANDALE BEACH FL 33009	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / 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 #