2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

1. Entity Name SOLIS SKIRTING & MORE, INC

DOCUMENT # P05000065690

Principal Place of Business 208 KILPATRICK RD CLEWISTON, FL 33440

Mailing Address

208 KILPATRICK RD CLEWISTON, FL 33440

FILED Apr 14, 2008 08:00 A Secretary of State



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| | 03132008 | No Chg-P | CR2E034 (11/05) | | |
| DO NOT WRITE IN THIS SPACE | 4 EEI Numbo | , | Applied F | | |

5. Certificate of Status Desired

11-3754527

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

SOLIS, ANDRES JR 208 KILPATRICK RD CLEWISTON, FL 33440

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| 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 Fiorida. 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 | | | | | | | | |
| | E NOW!!! FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00 | Election Campaign Financi Trust Fund Contribution | ng 🗆 | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | | | |
| TITLE NAME STREET ADDRESS | P SOLIS, ANDRES JR 208 KIPATRICK RD | | | | | | | |
| CITY-ST-ZIP | CLEWISTON, FL 33440 | | | | | | | |
| TITLE NAME STREET ADDRESS CVTY-ST-ZIP | | | | | UGG000893630 04/23/08-80114-010 150.00 | | | |
| TITLE NAME STREET ADDRESS CITY+SI-ZIP | | | | DO | NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN . | THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-719 | | | | | | | | |

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

ME SOLS TO NAME OF SIGNING OFFICER OR DIRECTOR