

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90074 001 ***158.75

DOCUMENT # P05000098396	
1. Entity Name SOCRATIC SOLUTIONS, INC.	

Principal Place of Business 80 SW EIGHTH STREET SUITE 2910 MIAMI, FL 33130 US	Mailing Address 80 SW EIGHTH STREET SUITE 2910 MIAMI, FL 33130 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent FISCH, KIRSTEN 3812 BAYSIDE COURT MIAMI, FL 33133	
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40111950



04102007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3142592	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (NOTE: Registered Agent signature required when reinstating)

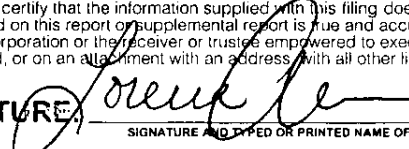
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD FISCH, KIRSTEN 80 SW EIGHTH STREET MIAMI, FL 33130 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FRANZ, CAROL 80 SW EIGHTH STREET MIAMI, FL 33130 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/CEO/D FISCH, KIRSTEN 80 SW EIGHTH STREET, MIAMI, FL 33130 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/D FRANZ, CAROL 80 SW EIGHTH STREET, MIAMI, FL 33130 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ***SEE ADDITIONAL SHEET ATTACHED HERETO***
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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.

SIGNATURE  **Lorena Colombo, Secretary, April 24, 2007 (305) 704.3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____