

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099117

FILED
Jan 17, 2008
Secretary of State

Entity Name: SOL US TANNING PHASE III, INC.

Current Principal Place of Business:

1620 MARGARET ST
203
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1620 MARGARET ST
203
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 20-5528724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEDIC, NERMIN
8760 HARPERS GLEN CT
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPEZ, JOSEPH
Address: 1620 MARGARET ST, SUITE 203
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP (X) Delete
Name: DEDIC, NERMIN
Address: 1620 MARGARET ST, SUITE 203
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: NERMIN, DEDIC
Address: 1620 MARGARET ST, SUITE 203
City-St-Zip: JACKSONVILLE, FL 32204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: NERMIN DEDIC

PST

01/17/2008

Electronic Signature of Signing Officer or Director

_____ Date