2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000108255

Entity Name: SOLIMANO ENTERPRISES INC

FILED Jan 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1100 SHORELING DRIVE 1100 SHORELINE DRIVE

UNIT 219

GULF BREEZE, FL 32561

UNIT 219

GULF BREEZE, FL 32561

Current Mailing Address: New Mailing Address:

1100 SHORELING DRIVE 1100 SHORELINE DRIVE UNIT 219 UNIT 219

GULF BREEZE, FL 32561 GULF BREEZE, FL 32561

FEI Number: 20-3250642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOLIMANO, MAGALI
3627 TIGER POINT BLVD
1100 SHORELINE DR.

GULF BREEZE, FL 32563 US UNIT 219
GULF BREEZE, FL 32561 US

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: 01/18/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

Name: SOLIMANO, PIERO Name: SOLIMANO, PIERO

Address: 1100 SHORELINE DRIVE UNIT #219 Address: 1100 SHORELINE DRIVE - UNIT #219

City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: GULF BREEZE, FL 32561

Title: VPTD () Delete Title: VPTD (X) Change () Addition

Name: SOLIMANO, MAGALI Name: SOLIMANO, MAGALI

Address: 1100 SHORELINE DRIVE UNIT #219 Address: 1100 SHORELINE DRIVE - UNIT #219

City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: GULF BREEZE, FL 32561

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: MAGALI SOLIMANO VP 01/18/2008