

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000108255

FILED  
Jan 14, 2012  
Secretary of State

**Entity Name:** SOLIMANO ENTERPRISES INC

**Current Principal Place of Business:**

1100 SHORELINE DRIVE  
UNIT 219  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

1100 SHORELINE DRIVE  
UNIT 219  
GULF BREEZE, FL 32561

**New Mailing Address:**

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

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

SOLIMANO, MAGALI  
1100 SHORELINE DR.  
UNIT 219  
GULF BREEZE, FL 32561 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: SOLIMANO, PIERO  
Address: 1100 SHORELINE DRIVE - UNIT #219  
City-St-Zip: GULF BREEZE, FL 32561

Title: VPTD  
Name: SOLIMANO, MAGALI  
Address: 1100 SHORELINE DRIVE - UNIT #219  
City-St-Zip: GULF BREEZE, FL 32561

I hereby 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 all other like empowered.

SIGNATURE: PIERO SOLIMANO

PSD

01/14/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date