

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000127401

Entity Name: V. SOLER & ASSOCIATES CORP

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

11901 SW 35TH TERR.
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

11901 SW 35TH TERR.
MIAMI, FL 33175

New Mailing Address:

FEI Number: 84-1692408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOLER, VIDAL
11901 SW 35TH TERR.
MIAMI, FL 33175 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: PD () Delete
Name: SOLER, VIDAL
Address: 11901 SW 35TH TERR.
City-St-Zip: MIAMI, FL 33175

Title: TD () Delete
Name: SOLER, NERSA
Address: 11901 SW 35TH TERR.
City-St-Zip: MIAMI, FL 33175

Title: VD () Delete
Name: TRENCHARD, ROBER
Address: 11901 SW 35TH TERR.
City-St-Zip: MIAMI, FL 33175

Title: VD () Delete
Name: TRENCHARD, MYRNA
Address: 11901 SW 35TH TERR.
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: TRENCHARD, ROBERT
Address: 11901 SW 35TH TERR.
City-St-Zip: MIAMI, FL 33175

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

I hereby certify that the information supplied with this filing does not qualify for the 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: VIDAL SOLER

PD

04/12/2006

Electronic Signature of Signing Officer or Director

Date