

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-04-2006 90148 030 ***150.00

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04112006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000155851					
1. Entity Name SOLID PROJECT CORP.					
Principal Place of Business 10300 S.W. 72 STREET 318 MIAMI, FL 33173			Mailing Address 10300 S.W. 72 STREET 318 MIAMI, FL 33173		
2. Principal Place of Business		3. Mailing Address			
Suite Apt # etc		Suite Apt # etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FLE Number 20.4041551	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARI, MANUEL J 250 BIRD ROAD 200 CORAL GABLES, FL 33146			Name Street Address (P.O. Box Number, if Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P VALDERRAMA, JUAN L 10300 S.W. 72 STREET #318 MIAMI, FL 33173	☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP VIANA, NELLY D 10300 S.W. 72 STREET #318 MIAMI, FL 33173	☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete				
12. I hereby certify that the information reported 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 subsequent report is true and accurate and that my signature shall have the same legal effect as I 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 a power of attorney.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

3/27/06