

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90035 022 \*\*\*150.00

**DOCUMENT # P06000019787**

1. Entity Name  
**SOLARIS INDUSTRIES CORPORATION**



Principal Place of Business      Mailing Address  
**10942 STATE ROAD 52**      **10942 STATE ROAD 52**  
**HUDSON, FL 34669**      **HUDSON, FL 34669**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**7007 Eisenhower St.**      **7007 Eisenhower St.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



04022007      Chg-P      CR2E034 (12/06)

City & State      City & State  
**Weeki Wachee FL**      **Weeki Wachee FL**  
 Zip      Country      Zip      Country  
**34613**      **US**      **34613**      **US**

4. FEI Number      Applied For  
**20-4258408**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ANDERSON, JOY M**  
**10942 STATE ROAD 52**  
**HUDSON, FL 34669**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**7007 Eisenhower St.**  
 City      State      Zip Code  
**Weeki Wachee**      **FL**      **34613**

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: *Joy M. Anderson*      DATE: 4/2/07  
Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete FORMOSO, IGNACIO L 11379 AMBOY STREET SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete MARINO, FRANCIS 275 RTE 10 E - SUITE 183 SUCCASUNNA, NJ 07876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied 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 supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joy M. Anderson*      Date: 4-18-07      Daytime Phone #: 777 243 7790  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR