

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083351

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: SOLUS GROUP MIAMI, CORP.

## Current Principal Place of Business:

1700 NE 191 ST.  
APT. 503  
NORTH MIAMI BEACH, FL 33179 US

## New Principal Place of Business:

## Current Mailing Address:

1700 NE 191 ST.  
APT. 503  
NORTH MIAMI BEACH, FL 33179 US

## New Mailing Address:

FEI Number: 20-5077764      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BASCONES, GABY E MRS.  
1700 NE 191 ST.  
APT. 503  
NORTH MIAMI BEACH, FL 33179 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: PT ( ) Delete  
Name: BASCONES, GABY E  
Address: 1700 NE 191 ST. APT. 503  
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: VS ( ) Delete  
Name: ESTRADA, EDUARDO G MR.  
Address: 1700 NE 191 ST. APT. 503  
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: BASCONES, GABY E MRS.  
Address: 1700 NE 191 ST. APT. 503  
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

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

Title: DR ( ) Change (X) Addition  
Name: MEONO, ARTURO A MR.  
Address: 14269 SW. WINDSONG CT.  
City-St-Zip: TIGARD, OR 97223 US

Title: SEC ( ) Change (X) Addition  
Name: FALCON, ROSANA MRS.  
Address: 1560 NE. 191 ST. APT. 301  
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

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: GABY E. BASCONES

PT

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date