

2007 FOR PROFIT CORPORATION ANNUAL REPORT

7/9/2007-90050-027-\$150.00-\$150.00

DOCUMENT # P06000113341 1. Entry Name SOLARTE TRANSPORT CORPORATION						FILED 07 AUG -9 AM 10:45 FLORIDA STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8413 NW 59TH STREET FT LAUDERDALE, FL 33321				Mailing Address 8413 NW 59TH STREET FT LAUDERDALE, FL 33321			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-5478424				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SOLARTE, EDGAR SR 8413 NW 59TH STREET FT LAUDERDALE, FL 33321				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____							
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SOLARTE, EDGAR SR 8413 NW 59TH STREET FT LAUDERDALE, FL 33321 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S SOLARTE, EVA 8413 NW 59TH STREET FT LAUDERDALE, FL 33321 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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:				7-5-07 954-7209252			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

ATTACHMENT
40123657
**SOLARTE TRANSPORT
CORPORATION**

8413 NW 59TH STREET
TAMARAC, FL 33321
954-720-9252

June 23, 2007

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS.

To Whom It May Concern:

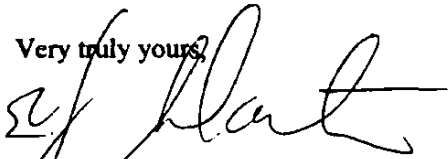
My name is Edgar J. Solarte Sr. owner of SOLARTE TRANSPORT CORPORATION,
with Document # P06000113341

This is my first year as owner of a Corporation, I wasn't aware of this report because I
never get any notice by mail.

Few days ago when I went to visit my Accountant, she ask me about it, and she suggest
to get a report from my computer.

I very kindly ask you a favor to wave penalty accepting my payment attach.

Very truly yours,



EDGAR J. SOLARTE SR.
Owner.