

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90034 015 \*\*\*150.00

<b>DOCUMENT # P07000010329</b> 1. Entity Name <b>SHADES &amp; SOLUTIONS, INC.</b>					
Principal Place of Business <b>540 BRICKELL KEY DR # #617</b> <b>MIAMI, FL 33131</b>			Mailing Address <b>540 BRICKELL KEY DR # #617</b> <b>MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box # <b>50 Biscayne Blvd</b> Suite, Apt. #, etc. <b>1506</b>		3. Mailing Address <b>50 Biscayne Blvd</b> Suite, Apt. #, etc. <b>1506</b>			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>			
Zip <b>33132</b>		Country <b>USA</b>		4. FEI Number <b>56 2637373</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CLEMENCIO, FLORA G</b> <b>540 BRICKELL KEY DR # #617</b> <b>MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>MARIA X GONZALEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>50 Biscayne Blvd</b> Ste: <b>1506</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33132</b>		
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: <b>MARIA X. GONZALEZ</b> <b>3-13-2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>DP</b> <input checked="" type="checkbox"/> Delete NAME <b>CLEMENCIO, FLORA G</b> STREET ADDRESS <b>540 BRICKELL KEY DR # #617</b> CITY-ST-ZIP <b>MIAMI, FL 33131</b>			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE <b>DV</b> <input type="checkbox"/> Delete NAME <b>XIMENA MARIA</b> STREET ADDRESS <b>540 BRICKELL KEY DR # #617</b> CITY-ST-ZIP <b>MIAMI, FL 33131</b>			TITLE <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>MARIA X GONZALEZ</b> STREET ADDRESS <b>50 Biscayne Blvd #1506</b> CITY-ST-ZIP <b>MIAMI FL 33132</b>		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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 a name like empowered.					
SIGNATURE: <b>MARIA X. GONZALEZ</b> <b>3-13-2008</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

786 4880828