

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000010211

FILED
Jun 22, 2009
Secretary of State

Entity Name: THE SOLUTION GROUP CORP.

Current Principal Place of Business:

7800 RED ROAD
124
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

7800 RED ROAD
124
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 28-1841473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C & E MANAGEMENT CORP
7800 RED RD
124
SOUTH MIAMI, FL 33143 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/AS () Delete
Name: LOPEZ, CAMILO A
Address: 7800 RED RD, STE. 124
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: VP/S () Delete
Name: SANCHEZ DE VARONA, MARIA
Address: 7800 RED RD, SUITE 124
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: VP () Delete
Name: SANCHEZ DE VARONA, RAUL
Address: 7800 RED RD, STE 124
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: VP () Delete
Name: LOPEZ, VALENTINA
Address: 7800 RED RD NO 124
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VP () Delete
Name: YEPES, ORLANDO
Address: 7800 RED RD NO 124
City-St-Zip: SOUTH MIAMI, FL 33143 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: CAMILO LOPEZ

P

06/22/2009

Electronic Signature of Signing Officer or Director

_____ Date