

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000080549

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Entity Name:** SOLUTIONS OF CENTRAL FLORIDA INC

**Current Principal Place of Business:**

8930 BAYAUD DR  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

8930 BAYAUD DR  
TAMPA, FL 33626

**New Mailing Address:**

**FEI Number:** 27-1009407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TESTA, PHILIP J SR  
4726 B N LOIS AVE  
TAMPA, FL 33612 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SIFONTES, OLIVIA  
Address: 9211 W PATERSON ST  
City-St-Zip: TAMPA, FL 33615 US

Title: D  
Name: SIFONTES, JUAN  
Address: 8930 BAYAUD DR.  
City-St-Zip: TAMPA, FL 33626 US

I hereby 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 all other like empowered.

SIGNATURE: JUAN C SIFONTES

MR

01/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date