2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P36369

1. Entity Name
SOLDAN CORP.

FILED
Jun 26, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
2700 N. MILITARY TRAIL SUITE 230 BOCA RATON, FL 33431 US	2700 N. MILITARY TRAIL SUITE 230 BOCA RATON, FL 33431 US

06202008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3094724
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOSS, STAN C.
2700 N. MILITARY TRAIL
SUITE 230
BOCA RATON, FL 33431

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POLEN, DAVID M.
STREET ADDRESS	2700 N. MILITARY TRAIL, # 230
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	COO
NAME	MOSS, STAN C
STREET ADDRESS	2700 N. MILITARY TRAIL, # 230
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	CFO
NAME	MOSS, STAN C
STREET ADDRESS	2700 NORTH MILITARY TR #230
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/26/08-80001-024 150.00

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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: Stan Moss 6/20/08 561-241-2425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #