## 2007 FOR PROFIT CORPORATION

## Apr 02, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P94000042191 04-02-2007 90065 024 \*\*\*150.00 SOLRAC INVESTMENTS CORPORATION Principal Place of Business Mailing Address 28 W. FLAGLER ST. 28 W. FLAGLER ST. SUITE 400 SUITE 400 MIAMI, FL 33130 MIAMI, FL 33130 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03302007 City & State City & State 4 FEI Number Applied For 65-0519272 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENRIQUEZ, CARLOS A 28 W. FLAGLER ST. Street Address (P.O. Box Number is Not Acceptable) SUITE 400 MIAMI, FL 33130-1817 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE Change ☐ Addition ENRIQUEZ, CARLOS A NAME NAME STREET ADDRESS. 28 W. FLAGLER ST., #400 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33130 CITY-ST-ZIP TITLE Defete Change DTLE ☐ Addition **ENRIQUEZ, GREGORIO** NAME NAME STREET ADDRESS 6271 LAKE PATRICIA DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33012 CITY-SI-ZIP <u> Miami Lakes FL 33014</u> BILE ☐ Delete TITLE Change Addition NAME ENRIQUEZ, ISMELIA M NAME STREET ADDRESS 6271 LAKE PATRICIA DRIVE STREET ADDRESS CITY-\$1-ZIP MIAMI LAKES, FL 33012 CITY-ST-ZIP Miami Lakes, FL 33014 TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with his filling 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 the ray 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 export 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 a radgess, which is perpowered.

STREET ADDRESS

CITY-ST-7iP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NTED NAME OF BIGNING OFFICER OR DIRECTOR

**FILED**