

FILED
Mar 21, 2008 08:00 A
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000089706		
1. Entity Name VIKI SOLOMON & ASSOCIATES, INC.		
Principal Place of Business 5722 S. FLAMINGO ROAD #132 FT. LAUDERDALE, FL 33330		Mailing Address 5722 S. FLAMINGO ROAD #132 FT. LAUDERDALE, FL 33330
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SOLOMON, VIKI 5722 S. FLAMINGO ROAD #132 FT. LAUDERDALE, FL 33330		DO NOT WRITE IN THIS SPACE
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's signature required when resigning.)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD SOLOMON, VIKI 5722 S. FLAMINGO ROAD #132 FT. LAUDERDALE, FL 33330	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD FREINBERG, MARK 11612 TOPEKA PL COOPER CITY, FL 33026	
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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 a power of attorney, or with a power of attorney.		
SIGNATURE: <i>x Viki Solomon</i>		3/25/08



03252008 No Chg-P CR2E034 (11/05)

4. FCI Number
65-0541138Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**U000000865417
04/07/08-80027-024 150.00