2008 FOR PROFIT CORPORATION ANNUAL REPORT

8/11/2008-90122-035-$150.00-$150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08092008 Chg-P CR2E034 (12/06)

DOCUMENT # P95000020879

1. Entity Name
SOLO INVESTMENT, CORPORATION

Principal Place of Business	Mailing Address
21058 NE 34TH CT AVENTURA, FL 33180 US	21058 NE 34TH CT AVENTURA, FL 33180 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2000 Island Blvd	2000 Island Blvd
Suite, Apt. #, etc. 1104	Suite, Apt. #, etc. 1104
City & State Miami Florida	City & State Miami FL
Zip 33160 Country USA	Zip 33160 Country USA

4. FEI Number 65-0597093 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOARES, JACQUELINE SOA 21058 NE 34TH CT AVENTURA, FL 33180	Name SOARES, Jacqueline S Street Address (P.O. Box Number is Not Acceptable) 21058 NE 34th CT City Aventura FL Zip Code 33180

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUMAGALLI, ANDERSON 2000 ISLAND BLVD # 1104 AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ANDERSON FUMAGALLI 7/31/08 305 4669261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS