**2007 FOR PROFIT CORPORATION ANNUAL REPORT** 

**DOCUMENT # P96000055319** 

SOLZAN CORP.



**FILED** Jan 25, 2007 08:00 AN **Secretary of State** 

Principal Place of Business

ETERNAL LIGHT 11520 STATE ROAD # 7

BOYNTON BEACH, FL 33437 US

Malling Address

15287 61 PL N LOXAHATCHEE, FL 33470

US



DO NOT WRITE IN THIS SPACE

01112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0679095

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional 34 Fee Required

6. Name and Address of Current Registered Agent

SOLOMON, STEPHEN L 15287 61 PL N LOXAHATCHEE, FL 33470

STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS City-St-Zip

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and a	scoept
SIGNATURE_	Signature, typed or printed name of registered agent and 60s	il applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
FiL After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	T			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLOMON, STEPHEN L 15287 61 PL N LOXAHATCHEE, FL 33470				<u>U</u> 00000603921	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOLOMON, SUZANNE S 15287 61 PL N LOXAHATCHEE, FL 33470				01/29/07-80034-007 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME						

12. I hereby certify that the information supplied with this 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 that my signature shall have the same legal effect as if made under eath; 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.

Styphen L. Solomon