2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000088890

FILED May 07, 2007 Secretary of State

Entity Name: SOLA ENTERPRISES OF SOUTH FLORIDA INC.

Current P	Principal Place	of Business:	New Principal Place	of Business:
	/ 127 AVE. ON, FL 33032			
Current N	/lailing Addres	ss:	New Mailing Addres	s:
P.O. BOX PRINCET	4197 ON, FL 33092	US		
FEI Number	r: 65-0713499	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Address o	of New Registered Agent:
24365 SW PRINCET The above	RL F / 127 AVE. ON, FL 33032 e named entity s e of Florida.		purpose of changing its registere	d office or registered agent, or both,
24365 SW PRINCET The above	/ 127 AVE. ON, FL 33032 e named entity se of Florida.		purpose of changing its registere	d office or registered agent, or both,
24365 SW PRINCET The above in the Stat	/ 127 AVE. ON, FL 33032 e named entity s e of Florida. RE:			d office or registered agent, or both, Date
24365 SW PRINCET The above in the Stat SIGNATU In accordar	/ 127 AVE. ON, FL 33032 e named entity se of Florida. RE: Electror	submits this statement for the nic Signature of Registered A 3(2)(b), F.S., the corporation did	gent	
24365 SW PRINCET The above in the Stat SIGNATU In accordar Election Ca	/ 127 AVE. ON, FL 33032 e named entity se of Florida. RE: Electror	submits this statement for the nic Signature of Registered A 3(2)(b), F.S., the corporation did g Trust Fund Contribution ().	gent not receive the prior notice.	
24365 SW PRINCET The above in the Stat SIGNATU In accordar Election Ca	on, FL 33032 e named entity se of Florida. RE: Electror ace with s. 607.19 mpaign Financing S AND DIREC	submits this statement for the nic Signature of Registered A 3(2)(b), F.S., the corporation did g Trust Fund Contribution (). TORS:) Delete AVE.	gent not receive the prior notice.	Date

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL F SOLA DP 05/07/2007