

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P96000093542

1. Entity Name

THE WAKI & SOL OF MIAMI CORP.



**FILED
May 16, 2007 8:00 am
Secretary of State**

05-16-2007 90161 001 ***300.00



1st MOORE CR2E034 (10/06)

Principal Place of Business 381 EAST 8TH ST HIALEAH FL 33010 US		Mailing Address 381 EAST 8TH ST HIALEAH FL 33010	
2. Principal Place of Business - No P.O. Box # 99 N.W. 27 Ave Suite, Apt. #, etc. Suite 202		3. Mailing Address 99 NW 27 Ave Suite, Apt. #, etc. Suite 202	
City & State Miami		City & State Miami FL	
Zip FL	Country 33125	Zip 33125	Country Dade
6. Name and Address of Current Registered Agent MOLINA SOLTERO, RENE L 28 FONSECA AVE. MIAMI FL 33134			
7. Name and Address of New Registered Agent Name Molina Soltero, Rene L. Street Address (P.O. Box Number is Not Acceptable) 99 NW 27 Ave, Suite 202			
City Miami FL Zip Code 33125			

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.

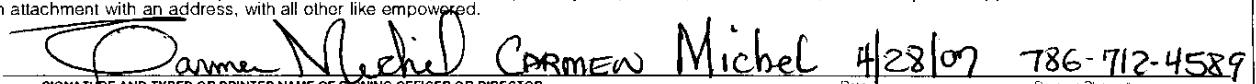
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MOLINA SOLTERO, RENE L 155 S.W. 39 CT MIAMI FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Molina Soltero, Rene L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 99 N.W. 27 Ave #202 Miami FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MICHEL, CARMEN 155 S.W. 39 CT MIAMI FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Michel, Carmen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 99 NW 27 Ave #202 Miami FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:


CARMEN MICHEL 4/28/07 786-712-4589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #