

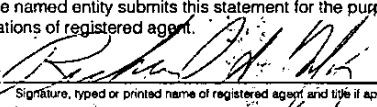
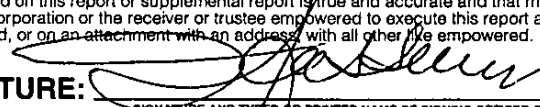


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90012 035 \*\*\*150.00

<b>DOCUMENT # P97000012592</b>					
<b>1. Entity Name</b> NUEVE SOLES, INC.					
<b>Principal Place of Business</b> 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131 US			<b>Mailing Address</b> 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131 US		
<b>2. Principal Place of Business</b> 1643 Brickell Avenue		<b>3. Mailing Address</b> 100 S.E. 2 Street			
Suite, Apt. #, etc. #2004		Suite, Apt. #, etc. 34 Floor			
City & State Miami, Florida		City & State Miami, Florida			
Zip -33129	Country Miami-Dade	Zip 33131	Country Miami-Dade		
<b>4. FEI Number</b> 65-0732360				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FREEMAN BUTTERMAN HABER ROJAS, STANHAM LLC 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name: Buchanan Ingersoll PC Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2 Street 34 Floor City: Miami FL Zip Code: 33131		
<b>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.</b> SIGNATURE:  Richard A. Morgan, Esq. DATE: 3/4/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FABBRI, PAULO L LUIS 520 BRICKELL KEY DR. #305 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FABBRI, PAULO L 520 BRICKELL KEY DR #0-305 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD Fabbri, Giorgio 1643 Brickell Avenue, #2004 Miami, Florida 33129	<input checked="" 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"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 life empowered.</b>					
<b>SIGNATURE:</b>  <span style="float: right;">March 4-05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					