FILED 2, 2004 8:00 am etary of State

	ROFIT CORPORAL REPORT (AR)		Apr 02
DOCUMENT # P97000 1. Entity Name SOLO EGRET, INC.	014125		Secr 6 04-02-2
Principal Place of Business	Mailing Address	OTO WE IS	
25 N FED HWY DANIA FL 33004 US	P.O. BOX 1814 DANIA FL 33004 US		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		MOOR

	·			04-02-2004 90032 037 ***150.00		
SOLO EG	RET, INC.					
Principal Place	e of Business	Mailing Address				
25 N FED H		P.O. BOX 1814		,		
DANIA FL 3: US	3004	DANIA FL 33004 US		•		
Principal Place of Business Address Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.			MOORE CR2E034 (11/03)			
City & State	e	City & State		4. FEI Number 65-0738388 Applied Find Applie	-	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent		
	LII PENIANAN		Name	معاملات فينهم المارات والمعتبي المهابي المارات الماسيس		
25 N	HL, BËNJAMIN N FED HWY		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
	NA FL 33004		[· ·	-	
			City	FL Zip Code		
9 The above	named antity submits this stateme	ent for the purpose of changing its	registered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and ac	tagor	
	tions of registered agent.	and for the purpose of changing its	registered office of regi	sered agent, or both, in the state of Fonda. Familiannial with all de-	,cept	
01011477477)	
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered Agent signature rec	pured when reinstating) DATE	-	
F	ILE NOW!!! FEE IS \$150.00					
After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing \$5.00 May	. p.	
Make Check Payable to Florida Department of State				, , , , , , , , , , , , , , , , , , , ,		
Make Check				Trust Fund Contribution. Added to Fee		
10.	k Payable to Florida Departme OFFICERS	AND DIRECTORS	11.	Trust Fund Contribution. Added to Fee	es	
10.	CFRICERS PD	nt of State	TITLE	Trust Fund Contribution. Added to Fee	es	
10. TITLE NAME	PD WOHL, TAMARA	AND DIRECTORS	TITLE NAME	Trust Fund Contribution. Added to Fee	es	
10. TITLE NAME	CFRICERS PD	AND DIRECTORS	TITLE	Trust Fund Contribution. Added to Fee	es	
10. TITLE NAME STREET ADDRESS	PD WOHL, TAMARA P.O. BOX 1814 N/A	AND DIRECTORS Delete	TITLE NAME STREET ADDRESS	Trust Fund Contribution. Added to Fee	es	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOHL, TAMARA P.O. BOX 1814 N/A DANIA FL 33004	AND DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution. Added to Fee	ddition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD WOHL, TAMARA P.O. BOX 1814 N/A DANIA FL 33004 VSTD WOHL, BENJAMIN P.O. BOX 1814 N/A	AND DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Trust Fund Contribution. Added to Fee	ddition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD WOHL, TAMARA P.O. BOX 1814 N/A DANIA FL 33004 VSTD WOHL, BENJAMIN	AND DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trust Fund Contribution. Added to Fee ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change A	es ddition	
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indicated on this report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, 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.

HLA) 128-5338