2004 FOR PROFIT CORPORATION

Apr 08, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P99000004790 04-08-2004 90265 001 ***300.00 1. Entity Name SOL ENTERPRISES, INC. Principal Place of Business Mailing Address 66410554 150 ALHAMBRA CIRCLE, STE 1270 9601 COLLINS AVENUE, UNIT 606 BAL HARBOUR, FL 33154 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052004 CR2E034 (10/03) Cha-P City & State City & State Applied For 4. FEI Number 65-0887404 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, JOSE A 150 ALHAMBRA CR. Street Address (P.O. Box Number is Not Acceptable) STE 1270 CORAL GABLES, FL 33134 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD VΡ Change TITLE Delete TITLE Addition DE Elias, Diana M. NEUSTADT, BERNARDO NAME NAME 150 Alhambra Circle . Suite 1270 9601 COLLINS AVENUE, UNIT 606 STREET ADDRESS STREET ADDRESS 74 33134 CITY-ST-ZIP BAL HARBOUR, FL 33154 CITY-ST-ZIP Coral Gables, Addition VPSD Delete O AV ☐ Change TITLE TITLE BIEDMA DE NEUSTADT, CLAUDIA C NAME NAME Rodriguez . Jose A. 150 Alhambra circle, Suite 1270 STREET ADDRESS 9601 COLLINS AVENUE, UNIT 606 STREET ADDRESS CITY-ST-ZIP BAL HARBOUR, FL 33154 CITY-ST-ZIP Coral Gubles 33134 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR