

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90094 039 \*\*\*150.00

**DOCUMENT # P99000004790**

1. Entity Name  
**SOL ENTERPRISES, INC.**

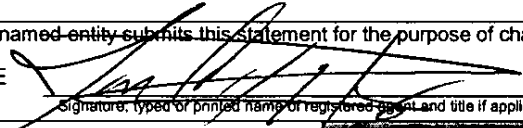
Principal Place of Business c/o Jose A. Rodriguez, Esq.	Mailing Address c/o Jose A. Rodriguez, Esq.
2. Principal Place of Business <b>100 SE 2<sup>nd</sup> Street</b>	3. Mailing Address <b>100 SE 2<sup>nd</sup> Street</b>
Suite, Apt. #, etc. <b>Suite 2900</b>	Suite, Apt. #, etc. <b>Suite 2900</b>
City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33131</b>	Country <b>US</b>

**5002256Z**

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0887404</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent	
7. Name and address of New Registered Agent	
Name <b>Jose A. Rodriguez, Esq.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>100 S.E. Second Street</b>	
<b>Suite 2900</b>	
City <b>Miami</b>	FL Zip <b>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.

SIGNATURE  DATE **2/28/05**

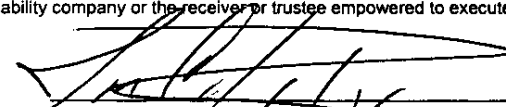
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$150.00  
DUE BY MAY 1, 2005

Make Check Payable to  
Florida Department of State

9. MANAGING MEMBERS/ MEMBERS		10. ADDITIONS/ CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>Neustadt, Bernardo</b> <b>9601 Collins Avenue, Unit 606</b> <b>Bal Harbour, FL 33154</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>De Elias, Diana M</b> <b>150 Alhambra Circle, Suite 1270</b> <b>Coral Gables, FL 33134</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Rodriguez, Jose A</b> <b>150 Alhambra Circle, Suite 1270</b> <b>Coral Gables, FL 33134</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  DATE **2/28/05** 3054233426 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE