

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000004790

Entity Name: SOL ENTERPRISES, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

9601 COLLINS AVENUE
SUITE 606
BAL HARBOUR, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

9601 COLLINS AVENUE
SUITE 606
BAL HARBOUR, FL 33154 US

New Mailing Address:

FEI Number: 65-0887404 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: GRAMATIDIS, YANOS
Address: C/O BAHAS, GRAMATIDIS & PARTNERS, 105 58
City-St-Zip: ATHENS, GREECE,

Title: AS () Delete
Name: BULLARD, RANDOLPH
Address: C/O GREENBERG TRAUIG PA, 1221 BRICKELL AV
City-St-Zip: MIAMI, FL 33133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDY BULLARD

AS

04/06/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date