2035 FOR PROFIT CORPORATION

of the corporation or the r changed, or on an attach

TYPED OR PRINTED NAME OF SI

IG OFFICER OF DIRECTOR

SIGNATURE:

Jul 18, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P99000040926 SOLÉRMA CONSULTANT GROUP, CORP. Principal Place of Business Mailing Address 344 W. 65TH ST., SUITE 203 344 W. 65TH ST., SUITE 203 HIALEAH, FL 33012 HIALEAH, FL 33012 07132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0918415 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOLER, MANUEL A DO NOT WRITE 344 W. 65TH ST., SUITE 203 HIALEAH, FL 33012 IN THIS SPACE 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 il applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE SOLER, MANUEL A NAME U00000373136 07/18/05-80003-012 150.00 7232 DADE PINE CT. STREET ADDRESS CITY - ST - ZIP MIAMI LAKES, FL 33014 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-SI-2i2 IN THIS SPACE THLE NAME STREET ADDRESS CITY ST-ZIP TIME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 regeiver or trustee empowered to execute this apport as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

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FILED