2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # \$12001

1. Entity Name

SOLOMON REAL ESTATE GROUP, INC.



FILED
Jan 20, 2004 08:00 AM _
Secretary of State

Princip	oal Mace	of Bus	เกอรร
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851 BUENAVENTURA BLVD. KISSIMMEE, FL 34743 US Mailing Address

851 BUENAVENTURA BLVD. KISSIMMEE, FL 34743 US



01122004

No Chg-P

CR2E034 (10/03)

4.	FEI Number
	65-0251889

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and Addres	s of Current Regist	ered Agent

SOLOMAN, MICHAEL 851 BUENAVENTURA BLVD. KISSIMMEE, FL 34743

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			1			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its reg	Istered office or re	egistered agent, or be	oth, in the State of Florida. I am familia	ar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Re	gistered Agent signature	required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS {			·	
MAME STREET ADDRESS CHY+ST-ZIP	PD SOLOMON, MICHAEL 851 BUENAVENTURA BLVD. KISSIMMEE, FL 34743	-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOLOMON, ŁORI 851 BUENAVENTURA BŁVD. KISSIMMEE, FL 34743				000000008458 81/20/0 4-800 61-018	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	12 13 11 <u>-</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TATLE NAME STREET ADDRESS CATY+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 eath; 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.

SIGNATURE

TURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

- 1/14/04 to7-348-3822