2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State
04-06-2004 90031 003 ***158.75

DOCUMENT # V49960

1. Entity Name
SOLMANN, INC.

Principal Place of Business	Mailing Address
7029 SW 128 CT. MIAMI, FL 33183 US	7029 SW 128 CT. MIAMI, FL 33183 US

03262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8860 S.W. 123 ct - K306	8860 SW. 123 ct.
Suite, Apt. #, etc.: K306	Suite, Apt. #, etc.: K-306
City & State: miami	City & State: miami
Zip: 33186 Country: FL	Zip: Country:

4. FEI Number: 65-0349240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOLORZANO, BEATRIZ 7029 SW 128 CT. MIAMI, FL 33183	Name: SOLORZANO BEATRIZ Street Address (P.O. Box Number is Not Acceptable): 8860 S.W. 123 ct. apt. K-306 City: miami FL Zip Code: 33186

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: Beatriz Solorzano DATE: 03/26/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: SOLORZANO, BEATRIZ STREET ADDRESS: 15045 SW 57TH TER CITY-ST-ZIP: MIAMI, FL 33193	☐ Delete	TITLE: P NAME: SOLORZANO BEATRIZ STREET ADDRESS: 8860 S.W. 123 ct. K306 CITY-ST-ZIP: MIAMI, FL 33186	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: Beatriz Solorzano 03/26/04 (305) 6309302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #