

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000088619

**Entity Name:** SONNY SOLOMON, P.A.

**Current Principal Place of Business:**

10480 SW STRATTON DR.  
PORT ST LUCIE, FL 34987

**Current Mailing Address:**

10480 SW STRATTON DR.  
PORT ST LUCIE, FL 34987 US

**FEI Number:** 20-3036302

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SOLOMON, SONNY  
10480 SW STRATTON DR.  
PORT ST LUCIE, FL 34987 US

*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

**Officer/Director Detail :**

Title D  
Name SOLOMON, SONNY  
Address 10480 SW STRATTON DR  
City-State-Zip: PORT ST LUCIE FL 34987

*I hereby 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 all other like empowered.*

**SIGNATURE:** SONNY SOLOMON

**PRESIDENT**

**03/16/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date