

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000082542

**Entity Name:** SOL-MED ENTERPRISES, INC.

**Current Principal Place of Business:**

10604 NW 54 STREET  
DORAL, FL 33178

**Current Mailing Address:**

10604 NW 54 STREET  
DORAL, FL 33178 US

**FEI Number:** 27-1068867

**Certificate of Status Desired:** No

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

CRISTOBAL, ALMA  
10604 NW 54 STREET  
DORAL, FL 33178 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           | PD                 | Title           | VD                 |
| Name            | CRISTOBAL, JOE     | Name            | CRISTOBAL, ALMA    |
| Address         | 10604 NW 54 STREET | Address         | 10604 NW 54 STREET |
| City-State-Zip: | DORAL FL 33178     | City-State-Zip: | DORAL FL 33178     |

*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:** ALMA CRISTOBAL

04/28/2025

Electronic Signature of Signing Officer/Director Detail

Date