

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000074056

**Entity Name:** SOLENI REAL ESTATE SOLUTIONS INC**Current Principal Place of Business:**705 DES MARGUERITES  
SALABERRY DE VALLEYFIELD, QUEBEC J6S 6V3**Current Mailing Address:**705 DES MARGUERITES  
SALABERRY DE VALLEYFIELD, QUEBEC J6S 6V3 CA**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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	P
Name	GAGNON, PIERRE
Address	705 DES MARGUERITES
City-State-Zip:	SALABERRY DE VALLEYFIELD QUEBEC J6S 6V3

Title	S
Name	LAZZAROTTO, PAOLA
Address	75 N WOODWARD AVE #87437
City-State-Zip:	TALLAHASSEE FL 32313

Title	VP
Name	LAZZAROTTO, PAOLA
Address	75 N WOODWARD AVE #87437
City-State-Zip:	TALLAHASSEE FL 32313

Title	VP
Name	LAZZAROTTO, RENZA
Address	75 N WOODWARD AVE #87437
City-State-Zip:	TALLAHASSEE FL 32313

Title	T
Name	LAZZAROTTO, RENZA
Address	75 N WOODWARD AVE #87437
City-State-Zip:	TALLAHASSEE FL 32313

*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:** PIERRE GAGNON**PRESIDENT****03/07/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date