

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000043921

**Entity Name:** SOLOMON, MAHARAJ & KASIMATI, P.A.

**Current Principal Place of Business:**

601 N. ASHLEY DRIVE, SUITE 1100 - 192  
TAMPA, FL 33602

**Current Mailing Address:**

601 N. ASHLEY DRIVE, SUITE 1100 - 192  
TAMPA, FL 33602 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KASIMATI, ANDI  
1525 EDEN ISLE BOULEVARD NE  
244  
SAINT PETERSBURG, FL 33704 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 KASIMATI, ANDI  
Address 601 N. ASHLEY DRIVE, SUITE 1100 - 192  
City-State-Zip: TAMPA FL 33602

Title P  
Name SOLOMON, JAMES M  
Address 601 N. ASHLEY DRIVE, SUITE 1100 - 192  
City-State-Zip: TAMPA FL 33602

Title P  
Name MAHARAJ, DANIEL K  
Address 601 N. ASHLEY DRIVE, SUITE 1100 - 192  
City-State-Zip: TAMPA FL 33602

*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:** ANDI KASIMATI

**PARTNER**

**06/30/2020**

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

\_\_\_\_\_  
Date