

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000004184

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: SOBY MANAGEMENT SERVICES INC.

**Current Principal Place of Business:**

1790 W 49 STREET  
305-8  
HIALEAH, FL 33012

**New Principal Place of Business:**

15404 NW 37TH AVENUE  
MIAMI GARDENS, FL 33054

**Current Mailing Address:**

15604 NW 37TH AVENUE  
MIAMI GARDENS, FL 33054

**New Mailing Address:**

FEI Number: 65-1110854      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

OROZCO, SALVADOR C  
15604 NW 37TH AVENUE  
MIAMI GARDENS, FL 33054      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OROZCO, SALVADOR  
Address: 15604 NW 37TH AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33054

Title: VP ( ) Delete  
Name: OROZCO, BLANCA  
Address: 15604 NW 37TH AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33054

Title: ST ( ) Delete  
Name: SANTAMARIA, JANET  
Address: 3276 W 70 STREET # 101  
City-St-Zip: HIALEAH, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SALVADOR C OROZCO

P

04/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date