


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000128566**

1. Entity Name  
**MISOMA, INC.**

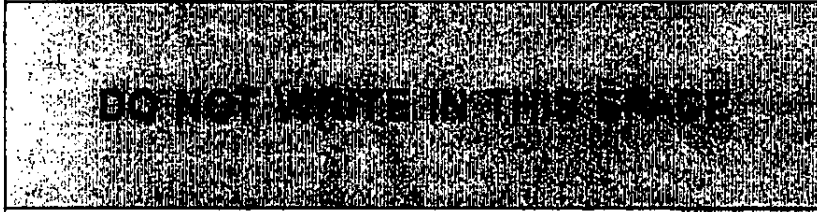


Principal Place of Business  
**C/O NORA GALEGO, ESQ.  
 232 ANDALUSIA AVENUE SUITE 202  
 CORAL GABLES, FL 33134**

Mailing Address  
**C/O IVAN A. GOMEZ, P.A.  
 601 BRICKELL KEY DRIVE SUITE 507  
 MIAMI, FL 33131**



02072008 No Chg-P CR2E034 (11/05)



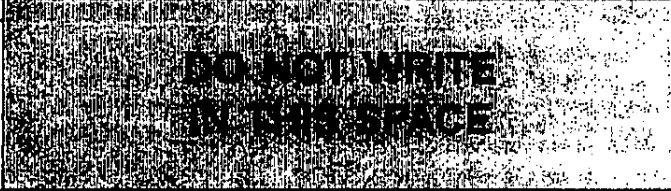
4. FEI Number  
**20-3850809**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**IAG CORPORATE SERVICES, INC.  
 601 BRICKELL KEY DRIVE  
 SUITE 507  
 MIAMI, FL 33131**



8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

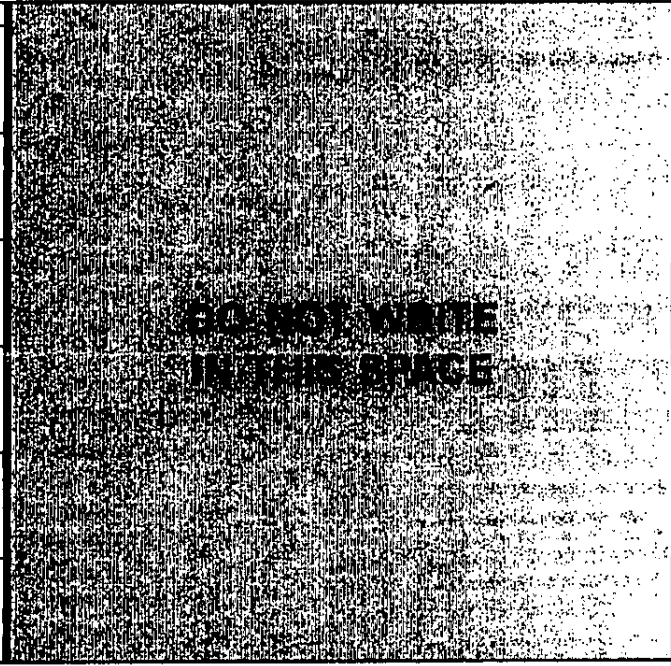
**FILE NOW!!! FEB IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000840301  
 03/05/08-80044-006 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ARREOLA STEGER, CARMEN 232 ANDALUSIA AVENUE, SUITE 202 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Carmen Steger* Date: (305) 371-9213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Carmen Arreola Steger, President*