


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000014860
 f. Entity Name
SOTO SERVICES, INC.



Principal Place of Business P O BOX 8733 NAPLES, FL 34101	Mailing Address P O BOX 8733 NAPLES, FL 34101
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DO NOT WRITE IN THIS SPACE



03182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3430718	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOTO, OLGA M
 198 A FURSE LAKE CIR #5
 NAPLES, FL 34104**

DO NOT WRITE IN THIS SPACE

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 title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

U00000514180
 04/29/06-80157-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SOTO, LUIS M 1921 48TH ST. SW NAPLES, FL 34518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOTO, OLGA M 198 A FURSE LAKE CIR #5 NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 files empowered.

SIGNATURE: *Olga M. Soto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/06 239-353-4475
Date Daytime Phone #