


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 523209
 1. Entity Name
RAFAEL A. SOTO, M.D., P.A.



Principal Place of Business Mailing Address
161 WASHINGTON AVE **161 WASHINGTON AVE**
MIAMI, FL 33139 **MIAMI, FL 33139**

DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1716520 Not Applicable

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

6. Name and Address of Current Registered Agent
SOTO, MARIA T
181 WASHINGTON AVE
MIAMI BEACH, FL 33139

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOTO, MARIA TERESA
STREET ADDRESS	161 WASHINGTON AVE.
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	PD
NAME	SOTO, RAFAEL A
STREET ADDRESS	161 WASHINGTON AVE.
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000030985
 02/04/04-80132-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Teresa Soto* **MARIA TERESA SOTO** 01/28/04 (305) 672-7635
 DIRECTOR Date Daytime Phone #