

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90001 041 ***150.00

DOCUMENT # F36068

1. Entity Name
WILLIAM D. SOMAN, P.A.



Principal Place of Business

**3471 MAIN HWY #622
MIAMI, FL 33133**

Mailing Address

**3471 MAIN HWY #622
MIAMI, FL 33133**

40023013



2. Principal Place of Business - No P.O. Box #

11191 SW 60 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

11191 SW 60 AVENUE

Suite, Apt. #, etc.

01262007 Chg-P CR2E034 (12/06)

City & State

PINECREST, FL

Zip
33156

Country
USA

City & State

PINECREST FL

Zip
FL 33156

Country
USA

4. FEI Number

59-2095671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOMAN, WILLIAM D P.A.
3471 MAIN HWY #622
MIAMI, FL 33133**

7. Name and Address of New Registered Agent

Name
WILLIAM D. SOMAN, P.A.

Street Address (P.O. Box Number is Not Acceptable)

11191 SW 60 AVENUE

City
PINECREST

FL

Zip Code
33156

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 *William D. Soman, Pres* **WILLIAM D. SOMAN, PRES**

03-01-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SOMAN, WILLIAM D ☐ Delete
STREET ADDRESS 3471 MAIN HWY #622
CITY-ST-ZIP MIAMI, FL 33133

TITLE V
NAME SCOTT, SUSAN P ☐ Delete
STREET ADDRESS 10624 NW 225 A
CITY-ST-ZIP OCALA, FL 33482

TITLE SD
NAME SOMAN, JEAN P ☐ Delete
STREET ADDRESS 3471 MAIN HWY #622
CITY-ST-ZIP MIAMI, FL 33133

TITLE SD
NAME REITER, JILL S ☐ Delete
STREET ADDRESS 5820 S.W. 97 STREET
CITY-ST-ZIP PINECREST, FL 33156

TITLE S
NAME SCMAN, JENNIFER L ☐ Delete
STREET ADDRESS 1300 W.AVE #502
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME SOMAN, WILLIAM D.
STREET ADDRESS 11191 SW 60 AVENUE
CITY-ST-ZIP PINECREST, FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition
NAME SOMAN, JEAN P.
STREET ADDRESS 11191 SW 60 AVENUE
CITY-ST-ZIP PINECREST, FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *William D. Soman, Pres* **WILLIAM D. SOMAN
PRESIDENT**

03-01-07 (786) 268-1254
Date Daytime Phone #