

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90297 048 ****61.25

DOCUMENT # F97000001170

1. Entity Name
SOHO AMERICA, INC.



Principal Place of Business

**3801 WILLIAM D TATE
#800
GRAPEVINE, TX 76051**

Mailing Address

**3801 WILLIAM D TATE
#800
GRAPEVINE, TX 76051**

DO NOT WRITE IN THIS SPACE



04052005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

41-1812865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JENSEN, JEFFREY
STREET ADDRESS 3801 WILLIAM D TATE, #800
CITY-ST-ZIP GRAPEVINE, TX 76051

TITLE DST
NAME DE LA TORRE, AMANDA
STREET ADDRESS 4428 PERSHING
CITY-ST-ZIP FT WORTH, TX 76107

TITLE AS
NAME WOLFE, RALPH
STREET ADDRESS 3801 WILLIAM D TATE, #800
CITY-ST-ZIP GRAPEVINE, TX 76051

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05

Date

817-
310-4200

Daytime Phone #