

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026769

Entity Name: SOHA ENTERPRISES, LLC

FILED
Jun 20, 2006
Secretary of State

Current Principal Place of Business:

166 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

166 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 36-4572382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRICHAUX, DINA L
10165 USA TODAY WAY
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

FERNANDEZ, JORGE E
1290 WEST RD STE 306
WESTON, FL 33326 US

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.

SIGNATURE: JORGE FERNANDEZ

06/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRIEDWALD, MARIO F
Address: 166 NORTH UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM () Delete
Name: FRIEDWALD, SORAYA M
Address: 166 NORTH UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIO F. FRIEDWALD

MGR

06/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date