

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90009 008 \*\*\*150.00

**DOCUMENT # L81669**

1. Entity Name

SOSA CONSTRUCTION, INC.



Principal Place of Business

6290 SEA GRASS LN  
NAPLES FL 34116

Mailing Address

6290 SEA GRASS LN  
NAPLES FL 34116

2. Principal Place of Business

6290 Sea Grass Lane

Suite, Apt. #, etc.

3. Mailing Address

6290 Sea Grass Lane

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34116

Country

USA

City & State

Naples, FL

Zip

34116

Country

USA

4. FEI Number

65-0199361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOSA, ORLANDO  
6290 SEA GRASS LN  
NAPLES FL 34116

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Orlando Sosa

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

(NOTE: Registered Agent signature required when reinstating)

1-30-04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOSA, ORLANDO	
STREET ADDRESS	6290 22ND AVENUE SW	
CITY-ST-ZIP	NAPLES FL	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SOSA, MERCEDES	
STREET ADDRESS	6290 22ND AVE SW	
CITY-ST-ZIP	NAPLES FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	SOSA, ROSARIO	
STREET ADDRESS	6290 22ND AVENUE SW	
CITY-ST-ZIP	NAPLES FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	SOSA, MARTHA	
STREET ADDRESS	6290 22ND AVE SW	
CITY-ST-ZIP	NAPLES FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #