

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 12, 2004 8:00 am
Secretary of State

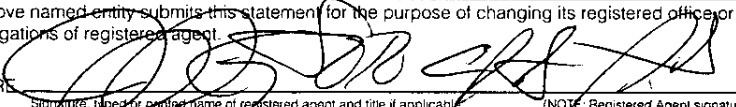
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MOORE CR2E034 (11/03)

DOCUMENT # M18288			
1. Entity Name MANNY G. SOTO, C.P.A., P.A.			
Principal Place of Business C/O SOTO GONZALEZ CPA'S 8360 WEST FLAGLER STREET #206 MIAMI FL 33144 US		Mailing Address C/O SOTO GONZALEZ CPA'S 8360 WEST FLAGLER STREET #206 MIAMI FL 33144 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2718359		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SOTO, MANNY G 4260 SW 149 CT MIAMI FL 33185		7. Name and Address of New Registered Agent Name SOTO, MANNY G. Street Address (P.O. Box Number is not Acceptable) 8360 - W - FLAGLER ST <suite 206> City MIAMI State FL Zip Code 33144	
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 		DATE 1/21/04	

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTO, MANNY G 3850 SW 87TH AVE STE 206 4260 - SW - 149 CT MIAMI FL 33144 MIAMI - FL - 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4260 - SW - 149 COURT MIAMI - FL - 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOTO, MIRTA S 4260 SW 149 CT MIAMI FL 33185	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANCHEZ, MAGDELINE 8360 W FLAGLER ST STE 206 MIAMI FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALES, AHMED M 8360 W FLAGLER ST STE 206 MIAMI FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **RESIDENT/D** **1/21/04** **305-220-1492**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #