

2006 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90442 012 ***150.00

DOCUMENT # M18288
1. Entity Name
MANNY G. SOTO CPA, PA.

DO NOT WRITE IN THIS SPACE

60031165

2. Principal Place of Business
8360 WEST FLAGLER STREET
Suite, Apt. #, etc.
206

3. Mailing Address
8360 W FLAGLER STREET
Suite, Apt. #, etc.
206

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL		City & State MIAMI, FLORIDA		4. FEI Number 59-2718359	Applied For <input type="checkbox"/> Not Applicable
Zip 33144	Country US	Zip 33144	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
SOTO, MANUEL G.

Street Address (P.O. Box Number is Not Acceptable)
8360 WEST FLAGLER STREET, STE 206

City MIAMI **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.

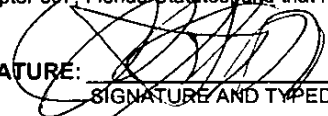
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTO, MANUEL G. 8360 WEST FLAGLER STREET, STE 206 MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **MANUEL G. SOTO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** 4/14/2006 **Daytime Phone #** 305-562-3228 (225-1492)