

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

<b>DOCUMENT #</b> M18288
<b>1. Entity Name</b>
MANNY G. SOTO CPA, PA.

**DO NOT WRITE IN THIS SPACE**

60031165

<b>2. Principal Place of Business</b> 8360 WEST FLAGLER STREET Suite, Apt. #, etc. 206 City & State MIAMI, FL Zip 33144		<b>3. Mailing Address</b> 8360 W FLAGLER STREET Suite, Apt. #, etc. 206 City & State MIAMI, FLORIDA Zip 33144	
Country US	Country US		

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-2718359		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**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  
Trust Fund Contribution. Added to Fees

**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

Daytime Phone #

305-562-3228  
4/14/2006  
225-1492