

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90045 009 ****61.25

DOCUMENT # N00000004445

1. Entity Name
SODACO, INC.



Principal Place of Business
43 NORTH KROME AVENUE
HOMESTEAD, FL 33030

Mailing Address
43 NORTH KROME AVENUE
HOMESTEAD, FL 33030

24015492



01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
32-1722000
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINLAN, MARY
43 NORTH KROME AVENUE
HOMESTEAD, FL 33030

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FIALLOS, IGNACIO 70 NE 3 STREET FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELLER, THOMAS R 65 NW 16TH STREET HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCMILLAN, JANE W 13 DISCAYNE BLVD. STE. 3760 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LIPE, DANIEL 28801 SW 157 AVENUE HOMESTEAD, FL 33031	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIERCE, JAMES 48 NE 15TH ST. HOMESTEAD, FL 33030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLD, COREY 160 N.W. 13TH STREET HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Fiallos, Ignacio 342 SW 4 Street Florida City, FL 33034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Farnes, Robert 250 E Palm Drive Florida City, FL 33034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Peyton, David 1550 N. Krome Ave Homestead, FL 33030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lipe, Daniel 28801 SW 157 AVE Homestead, FL 33031	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Newman, Susan 690 Homestead Boulevard Homestead, FL 33030	<input type="checkbox"/> Change <input checked="" 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 617, 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

2/24/04

Date

305-245-6338

Daytime Phone #