

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90056 029 ****61.25

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01072005 Chg-NP CR2E037 (10/03)

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 32-1722000	
				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 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIALLOS, IGNACI		NAME	Fiallos, Ignacio	
STREET ADDRESS	392 SW 4TH STREET		STREET ADDRESS	P.O. Box 343475	
CITY-ST-ZIP	FLORIDA CITY, FL 33034		CITY-ST-ZIP	Florida City, FL 33034	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARNES, ROBERT		NAME	Farnes, Robert	
STREET ADDRESS	250 E. PALM DRIVE		STREET ADDRESS	475 SE 20 Lane	
CITY-ST-ZIP	FLORIDA, FL 33034		CITY-ST-ZIP	Homestead, FL 33033	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEYTON, DAVID		NAME		
STREET ADDRESS	1550 N. KROME AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIPE, DANIEL		NAME		
STREET ADDRESS	28801 SW 157 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33031		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIERCE, JAMES		NAME		
STREET ADDRESS	48 NE 15TH ST.		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWMAN, SUSAN		NAME	Newman, Susan	
STREET ADDRESS	690 HOMESTEAD BLVD.		STREET ADDRESS	690 Homestead Blvd	
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP	Homestead, FL 33030	
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: <i>Susan E. Newman</i>			Date: <i>2/17/05</i> Daytime Phone #: <i>305-247-2332</i>		