

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90045 032 ****75.00

DOCUMENT # N02000003410 1. Entity Name SODD, INC.					
Principal Place of Business 5894 DAHLIA DRIVE ORLANDO, FL 32807			Mailing Address PO BOX 570248 ORLANDO, FL 32857		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 75-3056391	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SARA, FONTANEZ 5894 DAHLIA DRIVE ORLANDO, FL 32807			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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 NAME STREET ADDRESS CITY-ST-ZIP	T FONTANEZ, SARA 11241 CYPRESS LEAF DRIVE ORLANDO, FL 32825	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fontanez, Sara 1530 Kearin Lane Orlando, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, LUIS 4404 WINTER OAK LANE ORLANDO, FL 32807	<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	T ANDUJAR, LYDIA 6762 HEATHER ROAD ORLANDO, FL 32807	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andujar, Lydia 6762 Heather Rd Orlando, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CARRASQUILLO, EDUARDO JR 1376 HENDREN DRIVE ORLANDO, FL 32807	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GONZALEZ Debora 537 Hibiscus way Orlando, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AGUILO, MIGUEL 295 OXALIS DRIVE ORLANDO, FL 32807	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Aguido miguel
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GONZALEZ Fernando 537 Hibiscus way Orlando, FL 32807
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: _____ 1/16/04 407-382-3048 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					