

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003410

FILED  
Feb 05, 2005  
Secretary of State

Entity Name: SODD, INC.

**Current Principal Place of Business:**

5894 DAHLIA DRIVE  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 570248  
ORLANDO, FL 32857

**New Mailing Address:**

FEI Number: 75-3056391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SARA, FONTANEZ  
5894 DAHLIA DRIVE  
ORLANDO, FL 32807 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: FONTANEZ, SARA  
Address: 1530 KEARIN LANE  
City-St-Zip: ORLANDO, FL 32825 US

Title: S ( ) Delete  
Name: GONZALEZ, LUIS  
Address: 4404 WINTER OAK LANE  
City-St-Zip: ORLANDO, FL 32807 US

Title: T ( ) Delete  
Name: ANDUJAR, LYDIA  
Address: 6762 HEATHER ROAD  
City-St-Zip: ORLANDO, FL 32807 US

Title: M ( ) Delete  
Name: GONZALEZ, DEBORA  
Address: 537 HISBISUS WAY  
City-St-Zip: ORLANDO, FL 32807 US

Title: T ( ) Delete  
Name: AGUILO, MIGUEL  
Address: 295 OXALIS DRIVE  
City-St-Zip: ORLANDO, FL 32807 US

Title: M ( ) Delete  
Name: GONZALEZ, FERNANDO  
Address: 537 HISBISUS WAY  
City-St-Zip: ORLANDO, FL 32807

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: FONTANEZ, SARA DIRECTO  
Address: 1530 KEARIN LANE  
City-St-Zip: ORLANDO, FL 32825 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA FONTANEZ

DIR

02/05/2005

Electronic Signature of Signing Officer or Director

Date