2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000036998

1. Entity Name
SOTO'S TRUCKING, INC.

FILED
Apr 14, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
11850 TOMATO ROAD NAPLES, FL 34114	11850 TOMATO ROAD NAPLES, FL 34114

04092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1631022
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOTO, RUPERTO
11850 TOMATOE RD
NAPLES, FL 34114-8515

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	SOTO, RUPERTO
STREET ADDRESS	11850 TOMATOE RD
CITY-ST-ZIP	NAPLES, FL 341148515
TITLE	TS
NAME	SOTO, RUPERTO
STREET ADDRESS	11850 TOMATOE RD
CITY-ST-ZIP	NAPLES, FL 341148515
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/05-80103-022 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ruperto Soto 4-9-05 239-775-6993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #