## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000001523

Entity Name: SOTO & ASSOCIATES, INC.

FILED Dec 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

444 BRICKELL AVENUE 2801 PONCE DE LEON BLVD

STE: 51-443 SUITE: 1150-A

MIAMI, FL 33131 CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

444 BRICKELL AVENUE 444 BRICKELL AVENUE STE: 51-443 SUITE: 51-443

MIAMI, FL 33131 SUITE. 51-443 MIAMI, FL 33131

FEI Number: 36-4551193 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SOTO, LAWRENCE
444 BRICKELL AVENUE
445 BRICKELL AVENUE
446 BRICKELL AVENUE
447 BRICKELL AVENUE
447 BRICKELL AVENUE
448 BRICKELL AVENUE
448 BRICKELL AVENUE
449 BRICKELL AVENUE
444 BRICKELL AVENUE

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: LAWRENCE SOTO 12/21/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

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

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: SOTO, GISELLA Name: SOTO, GISELLA

Address: 444 BRICKELL AVENUE STE: 51-443 Address: 444 BRICKELL AVENUE SUITE: 51-443

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GISELLA SOTO PD 12/21/2005