2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT								•			
1. Entity Nam	ve	# P01000020 SOTO, CORP.		FILED							
				<u> </u>	06	MAR 28	3 PA I	: 30			
Principal Plac		S	Mailing Address	· · · · · · · · · · · · · · · · ·						i a Tit	
2300 CORAL WAY Suite 200			2300 CORAL WAY Suite 200				.). \ T. 4.1	ا با الله عالية د	CEE, FL	TATI. ODIDA	
MIAMI, FL 3	3145		MIAMI, FL 33145			4 15 277 441 111	المرا	LAHAD	Jil, il	UNIUA	
O Drive in I Class of Continue											
2. Principal Place of Business			3. Mailing Address				FOIRI FIBIL COMI BUTH OTH				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02162006	Chg-P	CR2E03	34 (11/05)		
City & State			City & State			4. FEI Numbe 65-107			þ	plied For Applicable	
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired \$8.75 Addition Fee Required					
	6. Name and Address of Current		t Registered Agent	Legistered Agent		7. Name and	Address of New Ro			-	
			Name								
FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MIAMI, FL 33145					Street Address (P.O. Box Number is Not Acceptable)						
,	(MICHWII, I C 33143										
					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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agreature required when renetating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICERS AND	D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
TITLE	PD		☐ Delete	TITL	E				☐ Change	☐ Addition	
NAME STREET ADDRESS	CASTILLO, PEDRO RONMI DRESS 15779 NW 4TH STREET				WE ADDRESS	90	700693 /0601032	39,9,0)5 <u>9</u> .		
CITY-ST-ZIP		KE PINES, FL 33028		STREET ADDRESS City-St-Zip		04704	/0501032	013	**158.	. 15	
TITLE	STD		Delete	E .			*******	Change	Addition		
NAME	CASTILL	O, PEDRO PABLO	_ 53333	NAM						_	
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CITY-ST-ZIP	PEMBRO	KE PINES, FL 33028			/-ST-ZIP				Change	Addition	
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NAME		1/3 3/2	X	NAA	I						
STREET ADDRESS	~ //				eet address						
CITY-ST-ZIP			total all the Pietra		7-ST-ZIP			£	(f., d)		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 of 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 attackment with an address, with prother like empression. SIGNATURE: 3-28-06 305-856-0056											
SIGNAL	UNE	SIGNATURE AND TYPED OF	R PRINTED NAME OF BIG NING OFFICE	R OR DEREC	TOR		Date		ayume Phone #		

PEDRO RONMI CASTILLO