

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90007 018 ***155.00

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1. Entity Name

SOMA ENTERPRISES, INC.



Principal Place of Business

1321 W. MAIN STREET
LEESBURG, FL 34748

Mailing Address

1321 W. MAIN STREET
LEESBURG, FL 34748

54018134



03062004

No Chg-P

CR2E034 (10/03)

4. FEI Number

16-1631425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PATEL, KANTILAL S
1321 W. MAIN STREET
LEESBURG, FL 34748

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, KANTILAL S
STREET ADDRESS	1321 W. MAIN STREET
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	ST
NAME	PATEL, LALITA K
STREET ADDRESS	1321 W. MAIN STREET
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	V
NAME	PATEL, SATISH K
STREET ADDRESS	1049 JULIETTE BLVD.
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	V
NAME	PATEL, ALPESH K
STREET ADDRESS	36-46 S. 4TH STREET, APT. D-4
CITY-ST-ZIP	NEW YORK, NY 11211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04.

Date

✓ 352-787-2960

Daytime Phone #