

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000122947

1. Entity Name  
SOSA MANAGEMENT REFUND, INC.



Principal Place of Business

570 E 49 ST  
LISBET B. SOSA  
HIALEAH, FL 33013

Mailing Address

570 E 49 ST  
LISBET B. SOSA  
HIALEAH, FL 33013



04052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1160858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOSA, LISBET B  
570 E 49 ST  
HIALEAH, FL 33013

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000509395  
04/28/06-80041-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOSA, JOSE R
STREET ADDRESS	1200 NE 82 ST
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	D
NAME	SOSA, LISBET B
STREET ADDRESS	8026 NW 162 ST
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	D
NAME	GARCIA, MEYLAN
STREET ADDRESS	1200 NE 82 ST
CITY-ST-ZIP	MIAMI, FL 33138
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 exemptions contained in Chapter 119, 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

Date

Daytime Phone #

4/10/06 305-688-1716