
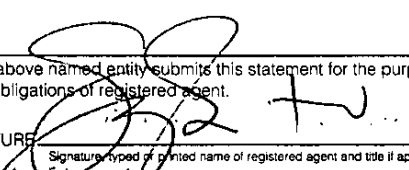
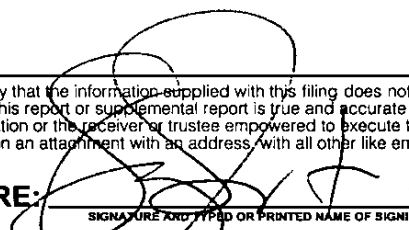


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90076 040 ***150.00

DOCUMENT # P02000128460 1. Entity Name SYLVIA SOTO P.A.			
Principal Place of Business 3240 RIVER BRANCH CIRCLE KISSIMMEE, FL 34741		Mailing Address 3240 RIVER BRANCH CIRCLE KISSIMMEE, FL 34741	
2. Principal Place of Business No P.O. Box # 416 Will Barber Rd		3. Mailing Address 416 Will Barber Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee, FL		City & State Kissimmee, FL	
Zip 34744		Zip 34744	
Country USA		Country USA	
4. FEI Number 61-1433658		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SOTO, SYLVIA 3240 RIVER BRANCH CIRCLE KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 416 Will Barber Rd City Kissimmee FL Zip Code 34744	
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  DATE 4/30/2007 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOTO, SYLVIA 3240 RIVER BRANCH CIRCLE KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 4/30/07 Daytime Phone # 407-709-5569	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			