2004 FOR PROFIT CORPORATION ANNUAL REPORT

of the corporation or the receive changed, or on an attachment

SIGNATURE:

FILED Feb 11, 2004 08:00 AM Secretary of State **DOCUMENT # P02000133609** 1. Entity Name SOTO CORP. Principal Place of Business Mailing Address 7285 W 34 LN 7285 W 34 LN HIALEAH, FL 33018 HIALEAH, FL 33018 02042004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-4516428 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOTO, JULIO 7285 W 34 LN DO NOT WRITE HIALEAH, FL 33018 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. Lam 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SOTO, JULIO 7285 W 34 LN STREET ADDRESS HIALEAH, FL 33018 CITY-ST-ZIP U00000048071 92/11/04-80088-004 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 this tee each owered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

Date

Daytime Phone #

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR