
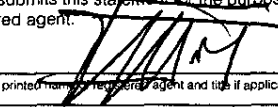



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90343 010 ***150.00

DOCUMENT # P03000021919 1. Entity Name SOMI CONSULTANTS CORPORATION																													
Principal Place of Business 15768 NW 4TH STREET PEMBROKE PINES, FL 33028			Mailing Address 15768 NW 4TH STREET PEMBROKE PINES, FL 33028																										
2. Principal Place of Business 3707 W GARDENIA AVE		3. Mailing Address 3707 W GARDENIA AVE																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State WESTON, FL		City & State WESTON, FL		4. FEI Number 54-2098353																									
Zip 33332		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SOSA, FERNANDO J 15768 NW 4TH STREET PEMBROKE PINES, FL 33028			7. Name and Address of New Registered Agent Name FERNANDO SOSA Street Address (P.O. Box Number is Not Acceptable) 3707 GARDENIA AVE City WESTON FL 33332																										
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: 04/27/04 <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, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">D</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SOSA, FERNANDO J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15768 NW 4TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33028</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	SOSA, FERNANDO J		STREET ADDRESS	15768 NW 4TH STREET		CITY-ST-ZIP	PEMBROKE PINES, FL 33028		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">DIRECTOR</td> <td style="width:40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FERNANDO SOSA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3707 GARDENIA AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WESTON, FL 3332</td> <td></td> </tr> </table>			TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FERNANDO SOSA		STREET ADDRESS	3707 GARDENIA AVE		CITY-ST-ZIP	WESTON, FL 3332	
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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:  DATE: 04/27/04 DAYTIME PHONE #: 954-584-4417 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													