

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000040682**

1. Entity Name  
**SOTO GROUP, INC.**



FILED

04 MAY 19 PM 11: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>161 WASHINGTON AVENUE MIAMI BEACH, FL 33139</b>	Mailing Address <b>161 WASHINGTON AVENUE MIAMI BEACH, FL 33139</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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05182004 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number  
**30-0168240**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SOTO, LAUDES ESQ.  
161 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SOTO, RAFAEL A</b>
STREET ADDRESS	<b>161 WASHINGTON AVENUE</b>
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SOTO, MARIA T</b>
STREET ADDRESS	<b>161 WASHINGTON AVENUE</b>
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SOTO, LOURDES ESQ</b>
STREET ADDRESS	<b>161 WASHINGTON AVENUE</b>
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>500037629735</b>
CITY-ST-ZIP	<b>06/03/04--01038--014 **150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Loures Soto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_