

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90023 016 ***150.00



DOCUMENT # P03000040682

1. Entity Name
SOTO GROUP, INC.

Principal Place of Business: **161 WASHINGTON AVENUE MIAMI BEACH FL 33139**
 Mailing Address: **161 WASHINGTON AVENUE MIAMI BEACH FL 33139**

2. Principal Place of Business: **161 Washington Ave Suite 200 Miami Beach, FL 33139 USA**
 3. Mailing Address: **Same as above**



1st MOORE CR2E034 (10/04)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SOTO, RAFAEL A		NAME:	
STREET ADDRESS: 161 WASHINGTON AVENUE		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI BEACH FL 33139		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SOTO, MARIA T		NAME:	
STREET ADDRESS: 161 WASHINGTON AVENUE		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI BEACH FL 33139		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SOTO, LOURDES ESQ.		NAME:	
STREET ADDRESS: 161 WASHINGTON AVENUE		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI BEACH FL 33139		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: Lourdes Soto 3/14/05 (305) 531-9074
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #