

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90004 043 \*\*\*150.00

<b>DOCUMENT # P03000057258</b> 1. Entity Name <b>SOAKIN WET, INC.</b>			
Principal Place of Business <b>530 SW 52ND AVE. MARGATE, FL 33068</b>		Mailing Address <b>530 SW 52ND AVE. MARGATE, FL 33068</b>	
2. Principal Place of Business <b>1408 N.W. 58 Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>1408 N.W. 58 Ave</b> <b>Margate FL 33063</b> Suite, Apt. #, etc. <b>Hmc</b>	
City & State <b>Margate FL</b> Zip <b>33063</b> Country <b>USA</b>		City & State <b>Margate FL</b> Zip <b>33063</b> Country <b>U.S.A.</b>	
4. FEI Number <b>57-1172616</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOTTSHALL, FRANK P</b> <b>530 SW 52ND AVE.</b> <b>MARGATE, FL 33068</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOTTSHALL, FRANK P</b> <b>530 SW 52ND AVE.</b> <b>MARGATE, FL 33068</b> <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	<b>PVTS</b> <b>GOTTSHALL, FRANK P</b> <b>530 SW 52ND AVE.</b> <b>MARGATE, FL 33068</b> <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
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
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 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.			
<b>SIGNATURE:</b> <i>Frank Gottshall</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>07/28/04</b> <b>754-235-0681</b> <small>Date Daytime Phone #</small>	

Attachment 66432830

# P03000057258

To Whom it may concern,

Dear Sir or Sirs,

My name is Frank Bottafall  
+ this is in regard to my  
payment I am sending in.  
I understood that it is late  
but that is only because I  
have moved + I just now  
received notice so please  
forgive me + accept this payment  
in full + if there are any  
problem please feel free to  
contact me at this address

Sincerely,  
Frank Bottafall  
Doshin West Inc.