

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P03000097550**

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



Principal Place of Business  
**137 NORTH EAST 106 STREET  
MIAMI SHORES, FL 33138**

Mailing Address  
**137 NORTH EAST 106 STREET  
MIAMI SHORES, FL 33138**



04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>14-1898403</b>	Applied For 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**

**SOTO, IGANCIO  
137 NORTH EAST 106 STREET  
MIAMI SHORES, FL 33138**

**DO NOT WRITE  
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. I am 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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000557400  
05/17/06-80046-023 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SOTO, IGNACIO
STREET ADDRESS	137 NORTH EAST 106 STREET
CITY-ST-ZIP	MIAMI SHORES, FL 33138

TITLE	V
NAME	RODGERS, JAMES
STREET ADDRESS	4101 S.W. 139 AVE.
CITY-ST-ZIP	MIRAMAR, FL 33027

TITLE	ST
NAME	SOTO, ANA MARIA
STREET ADDRESS	137 N.E. 106 ST.
CITY-ST-ZIP	MIAMI SHORES, FL 33138

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**IGNACIO SOTO (Pres.)**

**04-24-06/305-754-7686**

Date

Daytime Phone #