

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108919

FILED  
Apr 04, 2005  
Secretary of State

Entity Name: SOTO AUTO ENTERPRISES, INC.

## Current Principal Place of Business:

9797 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

## New Principal Place of Business:

## Current Mailing Address:

9797 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

## New Mailing Address:

FEI Number: 20-0273693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOTO, WILSON R  
622 SHORT PINE CIRCLE  
ORLANDO, FL 32807 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILSON, MIDAS  
Address: 622 SHORT PINE CIRCLE  
City-St-Zip: ORLANDO, FL 32807

Title: V ( ) Delete  
Name: SOTO, WILSON R  
Address: 622 SHORT PINE CIRCLE  
City-St-Zip: ORLANDO, FL 32807

Title: D ( ) Delete  
Name: ALMONTE, ELVIS C  
Address: 463 SHORT PINE CIRCLE  
City-St-Zip: ORLANDO, FL 32807

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SOTO, MIDAS  
Address: 622 SHORT PINE CIRCLE  
City-St-Zip: ORLANDO, FL 32807

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: POLANCO, MONICA  
Address: 463 SHORT PINE CIRCLE  
City-St-Zip: ORLANDO, FL 32807 62

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIDAS SOTO

PD

04/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date