

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90004 037 ***150.00

DOCUMENT # P03000114445

1. Entity Name
SOTATUM INC.



Principal Place of Business
**520 BRICKELL KEY DR STE 0-305
MIAMI, FL 33131**

Mailing Address
**520 BRICKELL KEY DR STE 0-305
MIAMI, FL 33131**

54015957

2. Principal Place of Business

**1413 Sunset Harbour
Suite, Apt. #, etc.
604**

3. Mailing Address

**1413 Sunset Harbour
Suite, Apt. #, etc.
#604**

01072004 Chg-P CR2E034 (10/03)



City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-1207043

Applied For

Not Applicable

Zip

33139

Country

Miami-Dade

Zip

33139

Country

Miami-Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRANSGLOBAL CORPORATE ADMINISTRATION, INC.
520 BRICKELL KEY DR STE 0-305
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Salomeo Jakob Gammernan

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

1413 Sunset Harbour #604

City

Miami Beach,

FL

Zip Code

33139

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

MARCH - 2nd - 04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GAMMERMAN, SOLOMAO
1413 SUNSET HARBOR DR. #604
MIAMI BCH, FL 33139** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DR MOURA, ORLANDO
1413 SUNSET HARBOR DR. #604
MIAMI BCH, FL 33139** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARCH - 2nd - 04