


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000114445 1. Entity Name SOTATUM INC.	
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Principal Place of Business 1413 SUNSET HARBOUR #604 MIAMI BEACH, FL 33139	Mailing Address 1413 SUNSET HARBOUR #604 MIAMI BEACH, FL 33139
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05272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1207043	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GAMMERMAN, SALOMAO J 1413 SUNSET HARBOUR #604 MIAMI BEACH, FL 33139	DO NOT WRITE IN THIS SPACE
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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 \$550.00
Due by September 7, 2005**

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

U000000368656
05/31/05-80010-020 550.00

**DO NOT WRITE
IN THIS SPACE**

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: SALOMAO J. GAMMERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 27, 05
Date

305 984 0317
Daytime Phone #