


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90003 036 ***150.00

DOCUMENT # P04000005527 1. Entity Name S.O.M. ENTERPRISES, INC.	
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Principal Place of Business 2548 SW 122 CT MIAMI, FL 33175	Mailing Address 2548 SW 122 CT MIAMI, FL 33175
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DO NOT WRITE IN THIS SPACE

40118263



05182007 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0091425	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONZON, SILVIA O
2548 SW 122 CT
MIAMI, FL 33175

**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 \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MONZON, SILVIA O 2548 SW 122 CT MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONZON, JULIO 2548 SOUTHWEST 122 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Silvia O. Monzon* / *Silvia O. Monzon* **5/15/07** 305 606-5008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40118265

May 15, 2007

Division of Corporation
P.O. Box 6198
Tallahassee, FL 32314

--- --To Whom It May Concern:

Due to various business trips at the end of April and beginning of May I was not able to submit my payment before the deadline of May 1st. I ask you if you can please accept my payment of \$150.00 with my assurance that this will not happen again and my apologies for any inconvenience.

I thank you for all your assistance,



Silvia Monzon

S.O.M. Enterprises

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