

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000009560**

1. Entity Name

A. SOTO CONSTRUCTION, INC.



Principal Place of Business

5426 PASSING PINE LANE  
ZEPHYRHILLS FL 33541

Mailing Address

5426 PASSING PINE LANE  
ZEPHYRHILLS FL 33541



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

03-0534411

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOTO, ANDRES  
5426 PASSING PINE LANE  
ZEPHYRHILLS FL 33541

Name

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

City

FL

Zip Code

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 re-statuting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY- ST- ZIP  
SOTO, ANDRES  
5426 PASSING PINE LANE  
ZEPHYRHILLS FL 33541

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY- ST- ZIP  
1101000456029  
03/16/06 11011-024 158.75

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete

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TITLE ☐ Change ☐ Add

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CITY- ST- ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

Andres Soto

President

2/28/06

813-363-3917