## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000058728

BICKHAM, DON

MIAMI, FL 33157

10450 SOUTHWEST 163RD STREET

Name:

Address:

City-St-Zip:

Entity Name: SOUL HITTAZ ENTERTAINMENT GROUP, INC.

FILED Apr 30, 2005 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
10450 SOL MIAMI, FL	JTHWEST 163RD STREET 33157			
Current M	ailing Address:	New Mailing Address:		
10450 SOU MIAMI, FL	JTHWEST 163RD STREET 33157			
FEI Number:	FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
1840 SW 2 4TH FLOC				
	named entity submits this statement for the e of Florida.	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:			
Electronic Signature of Registered Agent		jent	Date	
Election Car	npaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete RUFFIN, GEORGE 10450 SOUTHWEST 163RD STREET MIAMI, FL 33157	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SVD () Delete RUFFIN, NICOLE 10450 SOUTHWEST 163RD STREET MIAMI, FL 33157	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD () Delete HERNANDEZ, KERRY 10450 SOUTHWEST 163RD STREET MIAMI, FL 33157	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NICOLE RUFFIN SVD 04/30/2005