


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/11/2005-90124-037-\$158.75-\$158.75

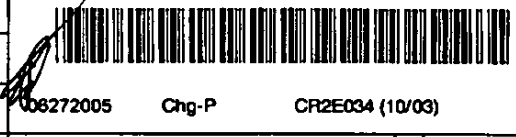
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000074914</b> 1. Entity Name SOHER, CORP.	
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Principal Place of Business 555 NE 15 ST 14 E MIAMI, FL 33132 US	Mailing Address 555 NE 15 ST 14 E MIAMI, FL 33132 US
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2. Principal Place of Business 1500 BAY RD Suite, Apt. #, etc. SUITE # 558 City & State MIAMI BEACH FL Zip 33139 Country USA	3. Mailing Address 1500 BAY RD Suite, Apt. #, etc. SUITE # 558 City & State MIAMI BEACH FL Zip 33139 Country USA
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4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SOSA, CHRISTIAN E 555 NE 15 ST 14 E MIAMI, FL 33132	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME SOSA, CHRISTIAN E STREET ADDRESS 555 NE 15 ST STE 14 E CITY-ST-ZIP MIAMI, FL 33132	<input type="checkbox"/> Delete	TITLE P NAME SOSA, CHRISTIAN E STREET ADDRESS 1500 BAY RD STE 558 CITY-ST-ZIP MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME SOSA, LUIS F STREET ADDRESS 555 NE 15 ST STE 14 E CITY-ST-ZIP MIAMI, FL 33132	<input type="checkbox"/> Delete	TITLE VP NAME SOSA, LUIS F STREET ADDRESS 1500 BAY RD STE 558 CITY-ST-ZIP MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]      Date: JULY 02 05      Daytime Phone #: 786-342-1195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR