


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000128694**  
 1. Entity Name  
**JOSE M SOTO PRESSURE CLEANING, INC**



Principal Place of Business      Mailing Address  
**14609 N 17TH ST**      **14609 N 17TH ST**  
**LUTZ, FL 33549 US**      **LUTZ, FL 33549 US**

**DO NOT WRITE IN THIS SPACE**



07032007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>20-0058539</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SOTO, JOSE M**  
**14609 N 17TH ST**  
**LUTZ, FL 33549**

**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)

U00000769116  
~~07/16/07 80011-019 158.75~~

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

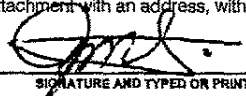
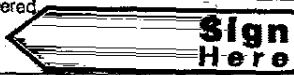
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOTO, JOSE M
STREET ADDRESS	14609 N 17TH ST
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:   **813-728-5845**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #