2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Mar 17, 2006 08:00 AM DOCUMENT # P04000157349 Secretary of State 1. Entity Name SODERI INVESTMENTS CORP. Principal Place of Business Mailing Address 161 WASHINGTON AVENUE SUITE 200 7820 MIAMI VIEW DRIVE N BAY VILLAGE FL 33141 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 04-3802186 Not Applicat Ζıρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOTO, LOURDES Street Address (P.O. Box Number is Not Acceptable) 161 WASHINGTON AVENUE SUITE 200 MIAMI BEACH FL 33139 City 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. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Delete ☐ Change Addition TITLE HILE NAME SOTO, LOURDES NAME U00000471537 03/28/06-80058-010 150.00 STREET ADDRESS 161 WASHINGTON AVENUE SUITE 200 STREET ADDRESS CRY-ST-ZP CUTY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change Addition 🔲 TITLE Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE □ Detete DILE Addition NAME NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP TITLE ☐ Defete ☐ Change 🔲 Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Detele TITLE ☐ Addillon NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition Tille NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby centify 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

NG OFFICER OR DIRECTOR

FILED

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