

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 02, 2006 8:00 am
Secretary of State**

05-02-2006 90168 050 ***150.00

DOCUMENT # P05000059270

1. Entity Name
SOUL ATTENTION, INC.



Principal Place of Business
13420 SW 82 STREET
MIAMI, FL 33183

Mailing Address
13420 SW 82 STREET
MIAMI, FL 33183



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04262006 Chg-P CR2E034 (11/05)

Zip

Country

Zip

Country

4. FEI Number 20-2789928	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, MAYRA C
13420 SW 82 STREET
MIAMI, FL 33183

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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 P
NAME HALL, MAYRA C
STREET ADDRESS 13420 SW 82 STREET
CITY-ST-ZIP MIAMI, FL 33183

Delete

TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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Change

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Change

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change

Addition

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 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: *Mayra Casas Hall*

Mayra C. Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #