

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90292 010 ***150.00

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02282006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000138133 1. Entity Name SOTO EXPRESS TRUCKING CORPORATION																																													
Principal Place of Business 614 SW 4TH ST. CAPE CORAL, FL 33991			Mailing Address 614 SW 4TH ST. CAPE CORAL, FL 33991																																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																											
City & State Zip Country		City & State Zip Country		4. FEI Number 74-3160201 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SOTO, JOSE A. 614 SW 4TH ST. CAPE CORAL, FL 33991																																									
7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%;">Delete</td> </tr> <tr> <td></td> <td>DP SOTO, JOSE A. 614 SW 4TH ST. CAPE CORAL, FL 33991</td> <td><input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE	NAME	Delete		DP SOTO, JOSE A. 614 SW 4TH ST. CAPE CORAL, FL 33991	<input type="checkbox"/>																																		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%;">Change</td> <td style="width: 10%;">Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> </table>		TITLE	NAME	Change	Addition			<input type="checkbox"/>	<input type="checkbox"/>																																	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 my address, with all other like empowered.			
TITLE	NAME	Change	Addition																																										
		<input type="checkbox"/>	<input type="checkbox"/>																																										
SIGNATURE:		3/26/06		(305) 986-2463																																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>																																									