## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000165505

Entity Name: SOMO MEDICAL, INC

FILED Apr 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

17 LAKE VISTA WAY 704 SHADOWMOSS CR ORMOND BEACH, FL 32174 LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

17 LAKE VISTA WAY 704 SHADOWMOSS CR ORMOND BEACH, FL 32174 LAKE MARY, FL 32746

FEI Number: 20-3957289 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOUSSLY, SOUHEIL
17 LAKE VISTA WAY
ORMOND BEACH, FL 32174 US

MOUSSLY, SOUHEIL
704 SHADOW MOSS CR
LAKE MARY, FL 32746 US

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.

SIGNATURE: SOUHEIL MOUSSLY 04/03/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 MOUSSLY, SOUHEIL
 Name:
 MOUSSLY, SOUHEIL

 Address:
 17 LAKE VISTA WAY
 Address:
 704 SHADOW MOSS CR

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:
 LAKE VISTA, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOUHEIL MOUSSLY PD 04/03/2009