

2007 FOR PROFIT CORPORATION ANNUAL REPORT

09-11-2007 90005 012 ***150.00

FILE P06000109998
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -3 PM 2:39

DOCUMENT # P06000109998

1. Entity Name
R. SOTO TRANSPORT, INC.



Principal Place of Business
11486 WEST OKEECHOBEE RD
HIALEAH GARDENS, FL 33018

Mailing Address
11486 WEST OKEECHOBEE RD
HIALEAH GARDENS, FL 33018

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08032007

Chg-P

CR2E034 (12/06)

FEI Number

651288/82

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOTO, ROBERTO
11486 WEST OKEECHOBEE RD
HIALEAH GARDENS, FL 33018

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

Robert Soto
Robert Soto

9/6/07

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SOTO, ROBERTO
11486 WEST OKEECHOBEE RD
HIALEAH GARDENS, FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Robert Soto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/07 (305)8260950

Date

Daytime Phone

The report should have been process because it was return on time.