


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90061 022 ***558.75

DOCUMENT # P06000153274		
1. Entity Name SOHO4YOU, INC.		

Principal Place of Business 7200 WEST CAMINO REAL SUITE 102 BOCA RATON, FL 33433	Mailing Address 7200 WEST CAMINO REAL SUITE 102 BOCA RATON, FL 33433
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2. Principal Place of Business - No P.O. Box # 1144 Fairfield Meadows dr.	3. Mailing Address 1144 Fairfield Meadows dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Weston Florida	City & State Weston Florida
Zip 33327	Zip 33327
Country USA	Country USA



07262007 Chg-P CR2E034 (12/06)

4. FEI Number 20-8058821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required.	

6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE, FL 33311	7. Name and Address of New Registered Agent Name EDGAR ALFONSO LOPEZ Street Address (P.O. Box Number is Not Acceptable) 1144 Fairfield Meadows dr. City Weston FL 33327
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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 **EDGAR ALFONSO LOPEZ** DATE **07/27/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEES \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOPEZ, EDGAR ALFOSO 7200 WEST CAMINO REAL, SUITE 102 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOPEZ, EDGAR ALFONSO 1144 Fairfield Meadows dr. Weston, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PINZON, NATALIA 7200 WEST CAMINO REAL, SUITE 102 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PINZON, NATALIA 1144 Fairfield Meadows dr. Weston, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **EDGAR ALFONSO LOPEZ** DATE **07/27/07** DAYTIME PHONE # **954 217 6293**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR