

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P06654 1. Entity Name SOMI FINANCIAL CORP.	
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Principal Place of Business 880 N.E. 69 ST 9F MIAMI, FL 33138	Mailing Address 3823 ESTAPONA AVENUE MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2513339	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEWEDAG, LEILA J. 3823 ESTAPONA AVENUE MIAMI, FL 33178	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEL CARRIL, JUSTO LARREA 1073, 5TO PISO BUENOS AIRES, ARG.,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DEL CARRIL, SONIA CORONEL DIAZ 2760-2 PISO BUENOS AIRES, AR
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEL CARRIL, MIGUEL CORONEL DIAZ 2760-2 PISO BUENOS AIRES, AR
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/14/05-80069-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Justo del Carril</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>3/11/05</u>	Daytime Phone #
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