


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000034893 1. Entity Name SOUTA ENTERPRISES, INC.																														
Principal Place of Business 1820 W CORTEZ RD BRADENTON FL 34207 US			Mailing Address 1820 W CORTEZ RD BRADENTON FL 34207 US																											
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																											
City & State			City & State																											
Zip		Country		4. FEI Number 65-0489212																										
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable																												
6. Name and Address of Current Registered Agent SOUTA, RUDOLPH 1820 W CORTEZ RD BRADENTON FL 34207			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																														
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution. <input type="checkbox"/> Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>DPST</td> <td>SOUTA, RUDOLPH</td> <td>9106 64TH CT E.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>PARRISH FL 34219</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		DPST	SOUTA, RUDOLPH	9106 64TH CT E.					PARRISH FL 34219		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add					
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1st MOORE CR2E034 (10/05)

4. FEI Number **65-0489212**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

SOUTA, RUDOLPH
1820 W CORTEZ RD
BRADENTON FL 34207

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
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	DPST	SOUTA, RUDOLPH	9106 64TH CT E.						
			PARRISH FL 34219						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rudolph Souta* **Rudolph Souta** 3/10/06 941758-382