

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90197 003 \*\*\*150.00

**DOCUMENT # P95000057359**

1. Entity Name

SOOIE, INC.



Principal Place of Business

2699 WEST 79 STREET  
BAY #9  
HIALEAH FL 33016  
US

Mailing Address

P.O. BOX 170435  
HIALEAH FL 33017-0435  
US



2. Principal Place of Business

6811 BROOKLINE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

MIAMI FLORIDA

City & State

4. FEI Number

65-0604853

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, GUS  
2151 LE JEUNE RD.  
MEZZANINE  
CORAL GABLES FL 33134-4200

7. Name and Address of New Registered Agent

Name

REYNALDO GAVILAN

Street Address (P.O. Box Number is Not Acceptable)

8030 NW 167 TERR.

City

MIAMI LAKES

FL

Zip Code

33016

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

**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  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
GAVILAN, REYNALDO  
8030 N.W. 167 TR.  
MIAMI LAKES FL 33016

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REYNALDO GAVILAN

4-20-6 (305)557-4929

Date

Daytime Phone #