

2005 CORPORATE CORPORATION ANNUAL REPORT

DOCUMENT # P96000017577

1. Entity Name
SOULS, INC.



FILED
Apr 28, 2005 08:00 AM
Secretary of State

Principal Place of Business
9271 LITTLE RIVER BLVD.
MIAMI, FL 33147 US

Mailing Address
9271 LITTLE RIVER BLVD.
MIAMI, FL 33147 US



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0650263 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

WHITEHEAD, VIVIAN D PRES.
9271 LITTLE RIVER BLVD.
MIAMI, FL 33147

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME WHITEHEAD, VIVIAN D PRES.
STREET ADDRESS 9271 LITTLE RIVER BLVD.
CITY-ST-ZIP MIAMI, FL 33147

TITLE V.P.
NAME WILLIAMS, PATRICIA G V.P.
STREET ADDRESS 9271 LITTLE RIVER BLVD.
CITY-ST-ZIP MIAMI, FL 33147

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100000339214
04/28/05-80066-020 150.00

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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)(i), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 305-693-3456
Date Name Phone #