

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90029 010 ***150.00

DOCUMENT # P97000017017					
1. Entity Name SOSA INVESTMENT GROUP, INC.					
Principal Place of Business 13351 N.W. 102 AVE. HIALEAH GARDENS, FL 33018			Mailing Address 13351 N.W. 102 AVE. HIALEAH GARDENS, FL 33018		
2. Principal Place of Business 10001 NW 133st Suite, Apt. #, etc.		3. Mailing Address 10001 NW 133st Suite, Apt. #, etc.			
City & State Hialeah Garden FL		City & State Hialeah Garden FL		4. FEI Number 65-0755410	
Zip 33018		Country U.S.		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04272005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SOSA SEGUNDO J 13351 NW 102 AVE HIALEAH GARDENS, FL 33018			7. Name and Address of New Registered Agent Name: <u>Jesus Sosa</u> Street Address (P.O. Box Number is Not Acceptable): <u>10001 NW 133st</u> City: <u>Hialeah Garden</u> FL Zip Code: <u>33018</u>		
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: <u>Jesus Sosa, Director & President</u> 5-17-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D NAME: SOSA, SEGUNDO JR. STREET ADDRESS: 13351 N.W. 102 AVE. CITY-ST-ZIP: HIALEAH GARDENS, FL 33018	<input checked="" type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u>SOSA Segundo sr</u> STREET ADDRESS: <u>19234 BOB O LINK DRIVE.</u> CITY-ST-ZIP: <u>MIAMI FL 33015</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: SOSA, SEGUNDO SR. STREET ADDRESS: 13351 N.W. 102 AVE. CITY-ST-ZIP: HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u>SOSA Jesus</u> STREET ADDRESS: <u>10001 NW 133st</u> CITY-ST-ZIP: <u>Hialeah Garden FL 33018</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: SOSA, JESUS STREET ADDRESS: 13351 N.W. 102 AVE. CITY-ST-ZIP: HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <u>VP, S, T</u> STREET ADDRESS: <u>ILLIANA SOSA</u> CITY-ST-ZIP: <u>10001 NW 133st</u> <u>Hialeah Garden FL 33018</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 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: <u>Jesus Sosa, Director and President</u> 5-17-05 3058262524 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					