

2006 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED ATX  
Apr 17, 2006 08:00 AM  
Secretary of State

DOCUMENT # P97000056754  
1. Entity Name  
SOTO & GONZALEZ CPA'S, PA.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
8360 WEST FLAGLER STREET, SUITE 206  
Suite, Apt. #, etc.

3. Mailing Address  
8360 W. FLAGLER STREET  
Suite, Apt. #, etc.  
206  
City & State MIAMI, FL  
City & State MIAMI, FL  
Zip 33144 Country US  
Zip 33144 Country US

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0763837 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name GONZALEZ, MAGDELINE  
Street Address (P.O. Box Number is Not Acceptable) 8360 W FLAGLER STREET, SUITE 206  
City MIAMI FL Zip Code 33144

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	VD
NAME	SOTO, MANUEL G.
STREET ADDRESS	8360 W. FLAGLER STREET, STE 206
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	PD
NAME	GONZALEZ, MAGDELINE
STREET ADDRESS	8360 W FLAGLER STREET, STE 206
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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11.

TITLE	
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CITY-ST-ZIP	

U00000513132  
04/29/06-80116-015 150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Magdelina Gonzales MAGDELINE GONZALEZ 4/14/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #