


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90076 032 ***150.00

DOCUMENT # P98000018365

1. Entity Name
SOBOMAC CO.



Principal Place of Business
 1445 31 ST SW
 NAPLES, FL 34117

Mailing Address
 1445 31 ST SW
 NAPLES, FL 34117

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

05032004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0816024

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

PEREZ, OLYMPIA
12803 SW 45 TERRACE
MIAMI, FL 33175

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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PEREZ, OLYMPIA 12803 SW 45 TERRACE MIAMI, FL 33175 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE 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: *[Signature]* **5/6/04** **239-352-0104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[Signature] **OLYMPIA PEREZ**

Attachment FEI # 65-0816024 241074068

To Whom It May Concern:

#P98000018365

I WAITED FOR THE ANNUAL REPORT TO BE MAILED BUT DID NOT RECEIVE ONE THIS YEAR. LIKE THE PREVIOUS YEARS. -

SO WHEN I SAW THAT IT WAS THE END OF APRIL I CALLED THE CORP. DIVISION AND WAS TOLD IT WAS DONE BY COMPUTER PRINT OUTS.

I DO NOT OWN A COMPUTER SO I TOLD THEM TO MAIL ME THIS FORM AND JUST RECEIVED IT. -

THIS IS WHY I AM A FEW DAYS LATE BECAUSE I DIDN'T KNOW ABOUT THE COMPUTER SITUATION AND HAD TO ORDER THIS FORM BY PHONE. -

SO PLEASE EXCEPT THIS PAYMENT AND NOW I KNOW FOR NEXT YEAR. -

SOROMAE HAS NOT CONDUCTED ANY BSSN SINCE IT WAS FORMED.

Thank You
Chris Soromae