

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90038 014 \*\*\*150.00

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01172005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000004656</b> 1. Entity Name SOTO ADVERTISING, INC.					
Principal Place of Business 2151 S. LEJEUNE ROAD SUITE 310 CORAL GABLES, FL 33134			Mailing Address 2151 S. LEJEUNE ROAD SUITE 310 CORAL GABLES, FL 33134		
2. Principal Place of Business <i>2655 LeJeune Road</i>		3. Mailing Address <i>2655 LeJeune Road</i>			
Suite, Apt. #, etc. <i>PH-2C</i>		Suite, Apt. #, etc. <i>PH-2C</i>			
City & State <i>Coral Gables, FL</i>		City & State <i>Coral Gables, FL</i>			
Zip <i>33134</i>		Country <i>U.S.A.</i>		4. FEI Number 65-0986740	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  SOTO, OSVALDO N ESQ. 2151 S. LEJEUNE ROAD SUITE 310 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name <i>OSVALDO N. SOTO, ESQ.</i> Street Address (P.O. Box Number is Not Acceptable) <i>2655 LeJeune Road</i> <i>PH-2C</i> City <i>Coral Gables</i> <b>FL</b> Zip Code <i>33134</i>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY - ST - ZIP	D SOTO, OSVALDO N ESQ. 2151 S. LEJEUNE ROAD CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Soto, OSVALDO N, ESQ.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2655 LeJeune Road, PH-2C</i> <i>Coral Gables, FL 33134</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>1-31-05</i> Daytime Phone # <i>3055670010</i>		