


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90075 032 ***150.00

DOCUMENT # P99000004656 1. Entity Name SOTO ADVERTISING, INC.																													
Principal Place of Business 2655 LEJENURE ROAD PH-2C CORAL GABLES, FL 33134			Mailing Address 2655 LEJENURE ROAD PH-2C CORAL GABLES, FL 33134																										
2. Principal Place of Business <i>2655 LeJeune Rd.</i> Suite, Apt. #, etc. <i>PH-2C</i> City & State <i>Coral Gables, FL</i> Zip <i>33134</i> Country <i>U.S.</i>		3. Mailing Address <i>2655 LeJeune Rd.</i> Suite, Apt. #, etc. <i>PH-2C</i> City & State <i>Coral Gables, FL</i> Zip <i>33134</i> Country <i>U.S.</i>																											
4. FEI Number 65-0986740				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01112006 Chg-P CR2E034 (11/05)																									
6. Name and Address of Current Registered Agent SOTO, OSVALDO N ESQ 2655 LEJENURE ROAD PH-2C CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2655 LeJeune Rd.</i> <i>PH-2C</i> City <i>Coral Gables</i> FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SOTO, OSVALDO N ESQ.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2655 LEJENURE ROAD PH-2C</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	SOTO, OSVALDO N ESQ.		STREET ADDRESS	2655 LEJENURE ROAD PH-2C		CITY-ST-ZIP	CORAL GABLES, FL 33134		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><i>2655 LeJeune Rd. PH-2C</i></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>Coral Gables, FL 33134</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<i>2655 LeJeune Rd. PH-2C</i>		STREET ADDRESS	<i>Coral Gables, FL 33134</i>		CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/12/06 (305) 567-0010.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #