

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000089948

FILED
Apr 29, 2004
Secretary of State

Entity Name: CABAL AND SOTO - C & S CORP.

Current Principal Place of Business:

369 LAKEVIEW DRIVE
SUITE 105
FORT LAUDERDALE, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

369 LAKEVIEW DRIVE
SUITE 105
FORT LAUDERDALE, FL 33326 US

New Mailing Address:

FEI Number: 65-0973014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 NW 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CABAL, JAIRO
Address: 3699 SAN SIMEON CIRCLE
City-St-Zip: WESTON, FL 33331

Title: VP () Delete
Name: CABAL, JAIRO
Address: 369 LAKEVIEW DRIVE STE 105
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: P () Delete
Name: DEL PILAR SOTO, MARIA
Address: 369 LAKEVIEW DRIVE STE 105
City-St-Zip: FORT LAUDERDALE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEL PILAR SOTO MARIA

P

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date