


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # S74157
 1. Entity Name
SOMA CORPORATION



Principal Place of Business 3001 PONCE DE LEON BLVD. STE 203 CORAL GABLES, FL 33134 US	Mailing Address 3001 PONCE DE LEON BLVD STE 203 CORAL GABLES, FL 33134 US
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01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0284559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAUSER, CHARLES R
 3001 PONCE DE LEON BLVD
 SUITE 203
 CORAL GABLES, FL 33134

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

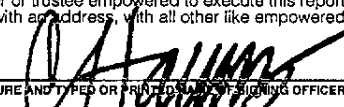
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAUSER, CHARLES 3001 PONCE DE LEON BLVD # 203 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HESSEN, ANDREW 7380 RED RD #202 SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	—
TITLE NAME STREET ADDRESS CITY-ST-ZIP	—
TITLE NAME STREET ADDRESS CITY-ST-ZIP	—
TITLE NAME STREET ADDRESS CITY-ST-ZIP	—

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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)(f), 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:  **1/10/05** (305) 444-0232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #