


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90036 012 \*\*\*150.00

**DOCUMENT # S74157**  
 1. Entity Name  
**SOMA CORPORATION**



40019163



Principal Place of Business      Mailing Address  
**3001 PONCE DE LEON BLVD.**      **3001 PONCE DE LEON BLVD**  
~~STE 203~~      ~~STE 203~~  
**CORAL GABLES, FL 33134 US**      **CORAL GABLES, FL 33134 US**

01292007      Chg-P      CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**2151 S. LE JEUNE Rd.**      **2151 S. LE JEUNE Rd.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**# 204**      **# 204**

City & State      City & State  
**CORAL GABLES, FL.**      **CORAL GABLES, FL.**

Zip      Country      Zip      Country  
**33134**      **US**      **33134**      **US**

4. FEI Number      Applied For  
**65-0284559**       Not Applicable

5. Certificate of Status Desired       **\$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**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2151 S. LE JEUNE Rd.**  
**SUITE 204**  
 City      State      Zip Code  
**CORAL GABLES**      **FL**      **33134**

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: *Charles R. Hauser*      *Charles R. Hauser*      *2/16/07*  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HESSEN, ANDREW 7380 RED RD #202 SOUTH MIAMI, FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUSER, RICHARD 3001 PONCE DE LEON BLVD #203 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2151 S. LE JEUNE Rd., #204</b> <b>CORAL GABLES, FL. 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2151 S. LE JEUNE Rd., #204</b> <b>CORAL GABLES, FL. 33134</b>
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"/> Change <input type="checkbox"/> Addition
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 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:** *Charles R. Hauser*      *2.5.07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #