


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90081 032 ***150.00

DOCUMENT # V12514
 1. Entity Name
EDUARDO R. SOTO, P.A.



40112269



Principal Place of Business Mailing Address
 999 PONCE LEON BLVD. 999 PONCE LEON BLVD.
 #940 #940
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
999 PONCE DE LEON BLVD 999 PONCE DE LEON BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#1040 #1040

04272007 Chg-P CR2E034 (12/06)

City & State City & State
CORAL GABLES, FL CORAL GABLES, FL
 Zip Country Zip Country
33134 33134

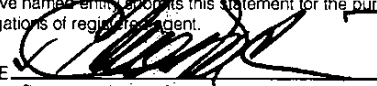
4. FEI Number Applied For
65-0325500 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SOTO, EDUARDO R PA
 999 PONCE DE LEON BLVD.
 #940
 CORAL GABLES, FL 33143

Name **EDUARDO R. SOTO**
 Street Address (P.O. Box Number is Not Acceptable)
999 PONCE DE LEON BLVD
#1040
 City **CORAL GABLES** FL Zip Code **33134**

8. The above named entity reports 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  **✓ Eduardo Soto** DATE **✓ 4/30/07**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	PST SOTO, EDUARDO R 999 PONCE DE LEON BLVD. #940 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SOTO, EDUARDO R 999 PONCE DE LEON BLVD #1040 CORAL GABLES, FL 33134 <input checked="" 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 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 filers empowered.

SIGNATURE:  APR 27 2007 3054468680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #