

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S74157

**FILED  
Apr 07, 2015  
Secretary of State  
CC1545970307**

**Entity Name:** SOMA CORPORATION

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD.  
1045  
CORAL GABLES, FL 33134

**Current Mailing Address:**

999 PONCE DE LEON BLVD.  
1045  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0284559

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAUSER, CHARLES R  
999 PONCE DE LEON BLVD.  
1045  
CORAL GABLES, FL 33134 US

*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

**Officer/Director Detail :**

Title PD  
Name HAUSER, CHARLES R  
Address 999 PONCE DE LEON BLVD.  
1045  
City-State-Zip: CORAL GABLES FL 33134

Title TSD  
Name HESSEN, ANDREW  
Address 7380 RED RD #202  
City-State-Zip: SOUTH MIAMI FL 33143

Title D  
Name HAUSER, RICHARD  
Address 999 PONCE DE LEON BLVD.  
1045  
City-State-Zip: CORAL GABLES FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHARLES R HAUSER

**PRESIDENT**

**04/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date