

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 08:00 AM
Secretary of State



DOCUMENT # L84161

1. Entity Name
SO' TENNIS ONLY, INC.

Principal Place of Business
**78 EAST FLAGLER ST
 MIAMI FL 33131**

Mailing Address
**6 SE 1ST AVE
 MIAMI FL 33131**



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #
 Suite, Apt #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number **65-0210516**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BAROUH, ALBERTO
 9260 SW 72TH ST., STE 206
 MIAMI FL 33173**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAINED, CHARLES MICHAEL 78 EAST FLAGLER ST MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZAINED, PRISCILLA 78 EAST FLAGLER ST MIAMI FL 33131 <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
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 type="checkbox"/> Change <input type="checkbox"/> Addition U00000644718 03/02/07-80054-011 150.00
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information for 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 and empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 or all other like empowered.

A. Priscilla C. Zaine 02/19/07 - 305-536-9036
 Date Daytime Phone #