


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000133588
1. Entity Name
SONI, INCORPORATED



Principal Place of Business Mailing Address
830 TRUMAN AVENUE **830 TRUMAN AVENUE**
KEY WEST, FL 33040 **KEY WEST, FL 33040**

DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3168568	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

SONI, VASANTLAL
830 TRUMAN AVENUE
KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

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 _____
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, 2008 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	P SONI, VASANTLAL B 830 TRUMAN AVENUE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA SONI, HANSA Y 830 TRUMAN AVENUE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SONI, HANSA Y 830 TRUMAN AVENUE KEY WEST, FL 33040
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01/09/08-80031-019 150.00

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: *Hansa V Soni* **Hansa V Soni** **1108108** **(305) 292 9596**

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