

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032054

FILED
Jun 12, 2008
Secretary of State

Entity Name: SONES DEL MEXSIDE, INC.

Current Principal Place of Business:

466 SW 22 ROAD
MIAMI, FL 33129 US

New Principal Place of Business:

311 SW 38 CT
MIAMI, FL 33134 US

Current Mailing Address:

PO BOX 451203
MIAMI, FL 33245 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGELA N. MARTINEZ, P.A.
2100 SALZEDO STREET
SUITE 201B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERNANDEZ, ANTONIO
Address: PO BOX 451203
City-St-Zip: MIAMI, FL 33245 US

Title: VP () Delete
Name: MONTALVO, GUSTAVO
Address: PO BOX 451203
City-St-Zip: MIAMI, FL 33245 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANGELA MARTINEZ

MS

06/12/2008

Electronic Signature of Signing Officer or Director

Date