## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## Mar 06, 2006 8:00 am Secretary of State DOCUMENT # P05000060239 03-06-2006 90014 004 \*\*\*150.00 SOMNIO VENTURES CORP. Principal Place of Business Mailing Address 1511 EAST COMMERCIAL BLVD, PMB 86 1511 EAST COMMERCIAL BLVD, PMB 86 FORT LAUDERDALE, FL 33334 FORT LAUDERDALE, FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDREOTTI, PETER Street Address (P.O. Box Number is Not Acceptable) 4110 NE 24TH AVENUE LIGHTHOUSE POINT, FL 33064 City Zip Code FL 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 NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME **FUERNKRANZ, HANS** 19490 NORTHAMPTON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARATOGA, CA 95070 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE TITLE Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

**FILED** 

Daytime Phone #