

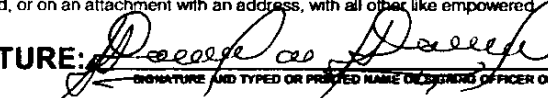


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000151627					
1. Entity Name SOFIA DONADO INC					
Principal Place of Business 8811 SW 123 CT, BLDG 1 APT 205 MIAMI, FL 33186			Mailing Address 8811 SW 123 CT, BLDG 1 APT 205 MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DONADO, SOFIA 8811 SW 123 CT, BLDG 1 APT 205 MIAMI, FL 33186			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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONADO, SOFIA 8811 SW 123 CT, BLDG 1 APT 205 MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800103197728 05/24/07--01026--025 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTENEGIO, KATHERINE 8811 SW 123 CT, BLDG 1 APT 205 MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800103197728 05/24/07--01026--025 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  (NOTE: Registered Agent signature required when reinstating) DATE:					

FILED

07 MAY 17 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05162007 Chg-P CR2E034 (12/06)

4. FEI Number
APPLIED FOR

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP

P
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8811 SW 123 CT, BLDG 1 APT 205
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
MONTENEGIO, KATHERINE
8811 SW 123 CT, BLDG 1 APT 205
MIAMI, FL 33186

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