

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000101524

Entity Name: SONIA AMERICA, INC.

FILED
Jan 15, 2004
Secretary of State

Current Principal Place of Business:

5058 N HIATUS RD
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

5058 N HIATUS RD
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 65-0796972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, SONIA F
5058 N. HIATUS RD.
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

FERRER, SONIA PRESIDE
5058 N. HIATUS RD.
SUNRISE, FL 33351 US

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: SONIA FERRER LOPEZ

01/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BELTRAN, JOSE FERRER
Address: 5058 N HIATUS RD
City-St-Zip: SUNRISE, FL 33351

Title: PSTD () Delete
Name: LOPEZ, SONIA FERRER
Address: 5058 N HIATUS RD
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: LOPEZ, MARIA JOSE F
Address: 5058 N HIATUS RD
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: LOPEZ, ESTEFANIA F
Address: 5058 N HIATUS RD
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FERRER, JOSE M
Address: 5058 N HIATUS RD
City-St-Zip: SUNRISE, FL 33351

Title: PSTD (X) Change () Addition
Name: FERRER, SONIA
Address: 5058 N HIATUS RD
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Change () Addition
Name: FERRER, MARIA J
Address: 5058 N HIATUS RD
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Change () Addition
Name: FERRER, ESTEFANIA
Address: 5058 N HIATUS RD
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SONIA FERRER

PSTD

01/15/2004

Electronic Signature of Signing Officer or Director

Date