


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # S35412

1. Entity Name
SONIA LAND, INC.



Principal Place of Business 5536 SW 8 ST CORAL GABLES, FL 33134	Mailing Address 5536 SW 8 ST CORAL GABLES, FL 33134
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03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0253511	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LANDMAN, MARC
 5536 SW 8 ST
 CORAL GABLES, FL 33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11130011463853 03/21/06-80093-004 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS LANDMAN, MARCOS 5536 SW 8TH ST MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEISSELBERGER, SONIA 5536 SW 8TH ST MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDMAN, MICHAEL 5536 SW 8 ST CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDMAN, ABRAHAM 5536 SW 8 ST CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **Michael Landman** 3/9/06 4457889

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