


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90136 003 ***150.00

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1. Entity Name
 SORI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 3837 SW 8TH STREET
 MIAMI, FL 33134

Mailing Address
 3837 SW 8TH STREET
 MIAMI, FL 33134



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

01112005 Chg-NP CR2E037 (10/03)

4. FEI Number
 APPLIED FOR 20-1168344

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BOLLINGER, ROBERT F ESQ.
 RICHARD S. GENDLER & ASSOCIATES, P.A.
 2828 CORAL WAY, SUITE 304
 MIAMI, FL 33145

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME DE ARMAS, GRACE
 STREET ADDRESS 3837 SW 8TH STREET
 CITY - ST - ZIP MIAMI, FL 33134

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE VD Delete
 NAME DE ARMAS, ARISTIDES
 STREET ADDRESS 3837 SW 8TH STREET
 CITY - ST - ZIP MIAMI, FL 33134

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE SD Delete
 NAME SORIANO, DENNIS
 STREET ADDRESS 3837 SW 8TH STREET
 CITY - ST - ZIP MIAMI, FL 33134

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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: Dennis Soriano 4-28-05 (305) 440-2388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #