


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90390 042 ***150.00

DOCUMENT # N03000005230				
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		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
BOLLINGER, ROBERT F ESQ. RICHARD S. GENDLER & ASSOCIATES, P.A. 2828 CORAL WAY, SUITE 304 MIAMI, FL 33145		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 _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE ARMAS, GRACE	NAME		
STREET ADDRESS	3837 SW 8TH STREET	STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33134	CITY - ST - ZIP		
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE ARMAS, ARISTIDES	NAME		
STREET ADDRESS	3837 SW 8TH STREET	STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33134	CITY - ST - ZIP		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SORIANO, DENNIS	NAME		
STREET ADDRESS	3837 SW 8TH STREET	STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33134	CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME	P/O SORIANO LOURDES	
STREET ADDRESS		STREET ADDRESS	3837 S.W. 8th ST	
CITY - ST - ZIP		CITY - ST - ZIP	MIAMI, FL 33134	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY - ST - ZIP		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY - ST - ZIP		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 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: <u>Dennis Soriano</u>		Date: <u>4-28-06</u>	Daytime Phone #: <u>(305) 446-2387</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

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4. FEI Number 20-118344 Applied For Not Applicable

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