

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000141528

1. Entity Name  
SINFONIA, INC.



Principal Place of Business  
4825-27 SW 8 STREET  
MIAMI, FL 33134

Mailing Address  
P.O. BOX 351597  
MIAMI, FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11302006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-1727702

Applied For

Not Applicable

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

JORGE DE LA CRUZ-MUNOZ, ESQ.  
DUNWOODY WHITE & LANDON, P.A.  
550 BILTMORE WAY, SUITE 810  
CORAL GABLES, FL 33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Amended AR is \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME D ☒ Delete  
STREET ADDRESS HUERTAS, NORKI  
CITY-ST-ZIP 9240 SW 72 STREET, SUITE 117  
MIAMI, FL 33173

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D.P. ☒ Change ☐ Addition  
NAME Mary Lou Rodon, Personal Representative  
STREET ADDRESS 2222 Ponce de Leon Blvd. PH  
CITY-ST-ZIP Coral Gables, FL 33134-5030

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500082638115  
12/19/06--01029--023 \*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500082638115  
12/19/06--01029--024 \*\*61.25

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

Mary Lou Rodon, Personal Rep.  
of the State of Lázaro Fraga

Date

Daytime Phone #

FILED

06 DEC 11 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

