


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000090251 1. Entity Name SORUM PROPERTIES CORP.	
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Principal Place of Business C/O CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	Mailing Address C/O LOPEZ & ROMERO & MONTEL LOVE P.C. 551 FIFTH AVE., STE. 417 NEW YORK, NY 10176
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05062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0873817	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
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**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 _____
Signature: typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

U000000951032
08/04/08-80015-014 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOPEZ, MARTA E 551 FIFTH AVE., STE. 417 NEW YORK, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMERO, LUIS ALFREDO 551 FIFTH AVE., STE. 417 NEW YORK, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTELIONE, RICHARD J 551 FIFTH AVENUE STE. 417 NEW YORK, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, SANDRA 551 FIFTH AVENUE STE. 417 NEW YORK, NY 10176
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Alfredo Romero, President

5/8/08

212 661-3691

Date

Daytime Phone #