

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000088679

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** SOMNIUM INTERNATIONAL SERVICES GROUP INC.

**Current Principal Place of Business:**

5711 NW 112TH AVE  
APT.#107  
DORAL, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

5711 NW 112TH AVE  
APT.#107  
DORAL, FL 33178 US

**New Mailing Address:**

**FEI Number:** 27-3811114      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARCINIEGAS, OSCAR M SR.  
5711 NW 112TH AVE  
APT.#107  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MENDOZA, ONEYLIS  
**Address:** 5711 NW 112TH AVE  
**City-St-Zip:** DORAL, FL 33178 US

**Title:** VP  
**Name:** ARCINIEGAS, OSCAR M SR.  
**Address:** 5711 NW 112TH AVE  
**City-St-Zip:** DORAL, FL 33178 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: OSCAR ARCINIEGAS

VP

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date