2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 273527

Entity Name: SONA SALES CO INC

FILED May 08, 2007 Secrefary of State

| Current Principal Place of Business: | | New Principal Place of I | New Principal Place of Business: | |
|--|----------------------------|-------------------------------|---|--|
| 8886 NW 7TH AVENUE MIAMI, FL 331502304 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 8886 NW 7TH AVENUE MIAMI, FL 331502304 | | | | |
| FEI Number: 59-1031977 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of N | Name and Address of New Registered Agent: | |
| LAKHANI CHANDRESH 8886 NW 7TH AVE MIAMI, FL 33150 US | | | | |
| 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. | | | | |

OFFICERS AND DIRECTORS:

SIGNATURE:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: Title: () Delete (X) Change () Addition LAKHANI, CHANDRESH LAKHANI, CHANDRESH Name: Name: 15550 SW 155TH AVE 5790 SW 130 TERRACE Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: PINECREST, FL 33156 Title: VΡ () Delete Title: VΡ (X) Change () Addition LAKHANI, BHAIRAVI LAKHANI, BHAIRAVI Name: Name: Address: 15550 SW 155 AVE Address: 5790 SW 130 TERRACE MIAMI, FL PINECREST, FL 33156 City-St-Zip: City-St-Zip: Title:

Title: () Delete () Change () Addition

Name: SHAH, TARUN Name: 16528 NW 17TH ST Address: Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip:

Electronic Signature of Registered Agent

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TARUN SHAH S/T 05/08/2007