## 2004 FOR PROFIT CORPORATION... ANNUAL REPORT

**DOCUMENT # 415451** 1. Entity Name MICHAEL W. SONTAG, INC.

Principal Place of Business

Mailing Address

15912 S.W. 92ND AVENUE MIAMI, FL 33157 US

15912 S.W. 92ND AVENUE MIAMI, FL 33157 US

## **FILED** May 05, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 04212004 No Chg-P

4.	FEI Number	
	59-1596638	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SONTAG, MICHAEL W. 15912 S.W. 92ND AVENUE MIAMI, FL 33157

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered			Registered Agent signature	Agent signature required wher, reinstaling) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution			\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS							
TITLE NAME SIRSET ADDRESS GITY-ST-ZIP	PST SONTAG, MICHAEL 15912 SW 92ND AVE. MIAMI, FL				U00000156282 05/05/04-80070-021 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CIFY:ST-ZIP							
TITLE NAME STREET ADDRESS CITY ST-ZIP							
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employered 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, after all other like improveded.							