2007 FOR PROFIT CORPORATION

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ANNUAL REPORT				Apr 13, 2007 08:00
DOCUMENT # 415451 1. Entity Name MICHAEL W. SONTAG, INC.				Secretary of Sta
	ce of Business 92ND AVENUE 33157 US	Mailing Address 15912 S.W. 92ND AVENUE MIAMI, FL 33157 US		I FERNIF RINGS IZEN NIKKI NIKUN RINGS RINGS AKAK AKAK AKAK RINKI NIKUK RINGS RINGS RINGS AKAK ELIK INDES
. [OO NOT WRITE	IN THIS SPA	CE	04032007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For S9-1596638 Not Applicable
				5. Certificate of Status Desired
6. Name and Address of Current Registered Agent SONTAG, MICHAEL W. 15912 S.W. 92ND AVENUE MIAMI, FL 33157				DO NOT WRITE IN THIS SPACE
the obligat	Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	utile if applicable. (NOTE: Register 9. Election Campaign Fina	ad Agent signature required	when reinstating) DATE OD May Be ed to Fees
10. THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DII PST SONTAG, MICHAEL 15912 SW 92ND AVE. MIAMI, FL			U00000705336 04/23/07-80047-021 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				

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 fine provided 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 fine provided by Chapter 607.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR