

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002878

FILED  
Jan 21, 2011  
Secretary of State

Entity Name: SORKIN LIMITED, INC.

**Current Principal Place of Business:**

1990 MAIN STREET SUITE 801  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

1990 MAIN STREET SUITE 801  
SARASOTA, FL 34236

**New Mailing Address:**

FEI Number: 42-1767469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GLENDINNING, RENE M CPA  
1990 MAIN STREET SUITE 801  
SARASOTA, FL 34236 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: CP  
Name: SORKIN, JEREMY P  
Address: 15 LANE END CROFT  
City-St-Zip: LEEDS LS177RR UNITED KINGDOM, XX

Title: VCP  
Name: SORKIN, BRENDA  
Address: 15 LANE END CROFT  
City-St-Zip: LEEDS LS177RR UNITED KINGDOM, XX

Title: DS  
Name: SORKIN, SYDNEY M  
Address: 15 LANE END CROFT  
City-St-Zip: LEEDS LS177RR UNITED KINGDOM, XX

Title: DT  
Name: SORKIN, GAYNOR S  
Address: 15 LANE END CROFT  
City-St-Zip: LEEDS LS177RR UNITED KINGDOM, XX

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: SYDNEY SORKIN

DS

01/21/2011

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

\_\_\_\_\_ Date