

DOCUMENT # K34113		
1. Entity Name SORENIM INVESTMENTS, INC.		
Principal Place of Business 2665 S. BAYSHORE DR SUITE 703 MIAMI, FL 33133 US	Mailing Address 2665 S. BAYSHORE DR SUITE 703 MIAMI, FL 33133 US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country
6. Name and Address of Current Registered Agent		
WORLD CORPORATE SERVICES, INC 2665 S. BAYSHORE DR SUITE 703 MIAMI, FL 33133		Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BALLON, ANDRES 201 CRANDON BLVD #337 KEY BISCAYNE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BALLON, MARIA L 201 CRANDON BLVD #337 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS RICHARDS, TIMOTHY D 2665 S. BAYSHORE DR, SUITE 703 MIAMI, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
11.		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 6 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Andres Ballon</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

ction 119.07(3)(i), Florida Statutes. I further certify that the information
same legal effect as if made under oath; that I am an officer or director
r, Florida Statutes; and that my name appears in Block 10 or Block 11 if

4/7/04 (305) 858-9900

Date Daytime Phone #