2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90010 020 ***150.00

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02062004 Chg-P CR2E034 (10/03)

DOCUMENT # M03625

1. Entity Name
SOCHET & COMPANY, INC.

Principal Place of Business	Mailing Address
3555 ANCHORAGE WAY COCONUT GROVE, FL 33133 US	3555 ANCHORAGE WAY STE 1260 COCONUT GROVE, FL 33133 US

2. Principal Place of Business	3. Mailing Address
1602 Micanopy Avenue	1602 Micanopy Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coconut Grove FL	City & State: Coconut Grove. FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. FEI Number: 59-2436797 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOCHET, IRA 3555 ANCHORAGE WAY COCONUT GROVE, FL 33133	Name: Sochet, IRA Street Address (P.O. Box Number is Not Acceptable): 1602 Micanopy Avenue City: Coconut Grove **FL** Zip Code: 33133

8. 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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SOCHET, IRA 3555 ANCHORAGE WAY COCONUT GROVE, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Sochet, IRA 1602 Micanopy Avenue Coconut Grove Fl 33133	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby 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 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 other like empowered.

SIGNATURE: [signature] 2/10/04 (305) 858-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #