

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**


04-28-2005 90191 035 \*\*\*158.75

14004616



01122005 No Chg-P CR2E034 (10/03)

**DOCUMENT # M44164**  
1. Entity Name  
SORMI, INC.



Principal Place of Business  
C/O DACAR MANAGEMENT LLC  
336 E DANIA BCH BLVD  
DANIA, FL 33004

Mailing Address  
C/O DACAR MANAGEMENT LLC  
336 E DANIA BCH BLVD  
DANIA, FL 33004

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2771809	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GARCIA-VELEZ, CARLOS  
336 E DANIA BCH BLVD  
DANIA, FL 33004

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

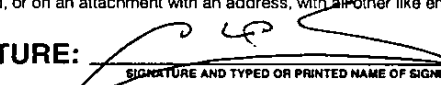
**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MICHA, ALBERTO 520 BRICKELL KEY DR #305 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MICHA, MOISES 520 BRICKELL KEY DR #305 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHA, DAVID 520 BRICKELL KEY DR #305 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  **David Micha** 4/22/05 954-927-4885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #