


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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

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| 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 |
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04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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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, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 | |

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 05/21/08-80101-002 158.75

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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 other like empowered.

SIGNATURE:  4/21/08 954-927-4883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #