FILED
Jan 08, 2004 8:00 am
Secretary of State
01-08-2004 90051 046 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M45538

1. Entity Name
SORREL ENTERPRISES, INC.

14000405

Principal Place of Business	Mailing Address
8835 N. W. 95TH ST. MEDLEY, FL 33178	8835 N. W. 95TH ST. MEDLEY, FL 33178

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2773841
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VEREBAY, LAYNE E
190 NE 199TH ST
2ON
MIAMI, FL 33179

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: _____ DATE
Signature required when changing registered agent

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

TITLE	S
NAME	VELIKOPOLJSKI,IGOR
STREET ADDRESS	8835 N. W. 95TH ST
CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	PT
NAME	VEIKOPOLJSK:, IGOR
STREET ADDRESS	8835 N.W. 95TH STREET
CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____ 1-3-04 (305) 883-4860
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED Date Daytime Phone #