


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000003948</b>	
1. Entity Name <b>SONAL WAREHOUSE CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>395 ALHAMBRA CIRCLE #200 CORAL GABLES, FL 33134 US</b>	Mailing Address <b>395 ALHAMBRA CIRCLE #200 CORAL GABLES, FL 33134 US</b>
--	--



01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>98-0057269</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>PEDROSO JESUS 395 ALHAMBRA CIRCLE SUITE 200 CORAL GABLES, FL 33134</b>
--

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	PD SONNEHOLZER, GEORG ESMERALDAS 911 GUAYAQUIL, ECUADOR,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALVAREZ, OLMEDO CLEMENTE BALLE 1027 GUAYAQUIL, ECUADOR,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVAREZ, FRANCISCO CLEMENTE BALLE 1027 GUAYAQUIL, ECUADOR,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000409857  
02/09/06-80014-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:**  **JESUS PEDROSO** **Jan 25/2006** **305-442-1256**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #