

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000003948

1. Entity Name
**SONAL WAREHOUSE CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**395 ALHAMBRA CIRCLE
#200
CORAL GABLES, FL 33134 US**

Mailing Address
**395 ALHAMBRA CIRCLE
#200
CORAL GABLES, FL 33134 US**



01032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0057269

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PEDROSO, JESUS
395 ALHAMBRA CIRCLE
SUITE 200
CORAL GABLES, FL 33134**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

000000837160
02/04/08-80045-011 61 25

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 BALEN 1027
GUAYAQUIL, ECUADOR,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ALVAREZ, FRANCISCO
CLEMENTE BALEN 1027
GUAYAQUIL, ECUADOR,**

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/08

Date

305-442-1256

Daytime Phone