

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90018 040 ***150.00

DOCUMENT # P00000006052

1. Entity Name

SORRENTO INVESTMENTS CORP.



Principal Place of Business

2100 SALZEDO ST
SUITE 300
CORAL GABLES FL 33134
US

Mailing Address

2100 SALZEDO ST
SUITE 300
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address



MOORE CR2E034 (11/03)

Suite, Apt. #, etc.

**2 Alhambra Plaza
Suite 860**

Suite, Apt. #, etc.

**2 Alhambra Plaza
Suite 860**

City & State

Coral Gables, FL 33134

City & State

Coral Gables, FL 33134

Zip

Country

Zip

Country

4. FEI Number

65-0985905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VILLA, OSCAR J III
2100 SALZEDO ST. SUITE 300
CORAL GABLES FL 33134**

Name **Oscar J. Villa, III**

Street Address (P.O. Box Number is Not Acceptable)

2 Alhambra Plaza

Suite 860

City **Coral Gables**

FL

Zip Code **33134**

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **VILA, OSCAR J III**
STREET ADDRESS **2100 SALZEDO ST. SUITE 300**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2 Alhambra Plaza**
CITY-ST-ZIP **Suite 860
Coral Gables, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/04 (305) 461-4888