
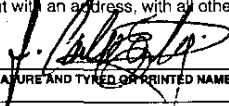


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90426 021 ***150.00

DOCUMENT # P0000023973					
1. Entity Name SONEROS DANCE HALL, CORP.					
Principal Place of Business 3716 WEST OAKLAND PARK BLVD. LAUDERDALE LAKES, FL 33311			Mailing Address 3716 WEST OAKLAND PARK BLVD. LAUDERDALE LAKES, FL 33311		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04192004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0988513			<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ESCOBAR, HENRY 8113 NW 94TH AVE TAMARAC, FL 33321				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	ESCOBAR, HENRY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8113 NW 94 AVE		NAME	
STREET ADDRESS		TAMARAC, FL 33321		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	V	TENORIO, RODRIGO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		7315 N.W. 57 DR.		NAME	Leonel Rivillas
STREET ADDRESS		TAMARAC, FL 33321		STREET ADDRESS	1317 Silverado
CITY-ST-ZIP				CITY-ST-ZIP	North Lauderdale, FL 33068
TITLE	T	ESCOBAR, JUAN CARLOS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7623 N.W. 74 TERR.		NAME	Escobar, Juan C.
STREET ADDRESS		TAMARAC, FL 33321		STREET ADDRESS	10824 NW 46 Drive
CITY-ST-ZIP				CITY-ST-ZIP	Cordl Springs, FL 33076
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: 		Juan Escobar <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/19/2004 <small>Date</small>	
				(954) 731-4700 <small>Daytime Phone #</small>	