2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 17, 2004 8:00 am **Secretary of State DOCUMENT # P00000035687** 1. Entity Name 02-17-2004 90002 016 ***150.00 SORSYL, CORP. Principal Place of Business Mailing Address 13770 S.W. 17TH TERRACE 13770 S.W. 17TH TERRACE COODOORA **MIAMI FL 33175 MIAMI FL 33175** 2. Principal Place of Business 3. Mailing Address 0750 SW 128 AYE Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1014162 Not Applicable Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 33186 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOHR, SYLVIA P Street Address (P.O. Box Number is Not Acceptable) 13770 S.W. 17TH TERRACE **MIAMI FL 33175** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PTD Delete TITLE Change Addition SOHR, SYLVIA P NAME NAME STREET ADDRESS 13770 S.W. 17TH TERRACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP VD Change TITLE ☐ Delete ■ Addition NAME SOHR, IVAN MARTINEZ NAME 128 ave 13770 S.W. 17TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CITY-ST-7IP CITY-ST-7IP TITLE SD X Change ☐ Delete TITLE Addition NAME MARTINEZ-SOHR, MANUEL наме 10220 Em 128 ans STREET ADDRESS 13770 S.W. 17TH TERRACE STREET ADDRESS CITY-ST-ZIE MIAMI FL 33175 CITY-ST-ZIP -33186 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete 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 his 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.

FILED