

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092647

Entity Name: SOCARRAS CO. INC.

FILED  
Jun 15, 2007  
Secretary of State

## Current Principal Place of Business:

13345 SW 83 CT  
MIAMI, FL 33156

## New Principal Place of Business:

65821 OVERSEAS HWY  
#46  
LONG KEY, FL 333001

## Current Mailing Address:

13345 SW 83 CT.  
MIAMI, FL 33156

## New Mailing Address:

P.O. BOX 1021  
LONG KEY, FL 33301

FEI Number: 65-1048192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SOCARRAS, ALEIDA  
13345 SW 83 COURT  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

SOCARRAS, ALEIDA  
65821 OVERSEAS HWY  
#46  
LONG KEY, FL 33001 US

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.

SIGNATURE:

06/15/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SOCARRAS, ALEIDA  
Address: 13345 SW 83 CT  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: SOCARRAS, JOSE  
Address: 13345 SW 83 CT.  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS. (X) Change ( ) Addition  
Name: SOCARRAS, ALEIDA  
Address: 65821 OVERSEAS HWY #46  
City-St-Zip: LONG KEY, FL 33001

Title: MR. (X) Change ( ) Addition  
Name: SOCARRAS, JOSE  
Address: 65821 OVERSEAS HWY #46  
City-St-Zip: LONG KEY, FL 33001

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEIDA SOCARRAS

MRS.

06/15/2007

Electronic Signature of Signing Officer or Director

Date