## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2004 8:00 am Secretary of State

DOCUMENT # P00000112471  1. Entity Name SON'S, INC.							01-20-2004 90062 033 ***150.00				
Principal Place of Business			Ma	Mailing Address			İ				
1320 S. DIXIE HIGHWAY			1:	1320 S. DIXIE HIGHWAY					$\alpha$ .	1 - 120	110/
SUITE 851				SUITE 851					$\mathcal{M}$	りして	41/X
MIAMI, FL 33146			. M	MIAMI, FL 33146			 	BIR BBRI ABIN BBIN BBI		hyazi	IN THE
2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.	•	01082004	Chg-P	CR2E0	34 (10/03)		
City & State				City & State		4. FEI Number 65-1062			L J	plied For LApplicable	
Zip	Zip Country		7	Zip Coun		itry	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Currer			urrent Benie	tered Agent	Τ	7 Name and A	Address of New P			, 	
	o. reality	and Address of C	7. Name and Address of New Registered Agent Name								
ELIZEE, Y			-								
1320 S. DI	WAY			Street Address (	P.O. Box Number	is Not Acceptable	)				
SUITE 851 MIAMI, FL 33146											
IVII/AIVII, I L	33 140			•		<u> </u>				1 7: 0 1	
						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											
очучили, прес в ранио на на поровето врен она на на официалие. Поста, научаето прен официалие зецииси инсписация у от те											
		FEE IS \$150. 4 Fee will be !		9. Election Campa Trust Fund Con		ncing \$5 Add	.00 May Be led to Fees				
10,		OFFICERS AND DIRECTORS					ADDITIONS/C	CHANGES TO OFF	ICERS AND	DIRECTORS	SIN 11
TITLE	D			☐ Delete	TITL			•		☐ Change	Addition
NAME	ELIZEE,		01.075.054		NAM						
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS -ST-ZIP					
	WILAWII, FL	_ 33146									□ Adamo
TITLE NAME				☐ Delete	TITL					Change	Addition
STREET ADDRESS						EET ADDRESS		:			•
CITY-ST-ZIP	!					-ST-ZIP					
TITLE				☐ Delete	TITL	E				☐ Change	Addition
NAME					NAM	IE					
STREET ADDRESS	ĺ					EET ADDRESS		•			
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE	2			Delete	TITL		<b>-</b> 1			Change	☐ Addition
NAME CTOLET ADDOCCO	1				NAM	i		•			i
STREET ADDRESS CITY-ST-ZIP					4	EET ADDRESS '-ST-ZIP					
					_					☐ Change	Addition
TITLE NAME				☐ Delete	TITL NAM	1				☐ Change	Audition
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP	<b>.</b>		~ /		CITY	'-ST-ZIP					ļ
TITLE			7) /	☐ Delete	, TITE	E				Change	Addition
NAME		1	/		. NAM						
STREET ADDRESS		- 1	////			EET ADDRESS					
CITY-ST-ZIP	<u></u>		/_/ _			7-S1-ZIP			,		
12. I hereby of indicated of the cor	certify that th I on this repor poration or t	e information supp rt or supplements he receiver or trast	ied with this fi report is true a ederapowere	ling does not qualify for and accurate and that a to execute this repor	or the exe my signa t as requ	emption stated in Se sture shall have the ired by Chapter 601	ection 119.07(3)(i) same legal effect 7. Florida Statutes	, Florida Statutes. I as if made under o ; and that my name	further cer bath; that I a e appears in	tity that the in Im an officer In Block 10 or	iformation or director Block 11 if

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 or Block 11 if 66837777 8607889