2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112471

1. Entity Name
SON'S, INC.

Principal Place of Business	Mailing Address
1320 S. DIXIE HIGHWAY	1320 S. DIXIE HIGHWAY
SUITE 851	SUITE 851
MIAMI FL 33146	MIAMI FL 33146

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1062373 — 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
ELIZEE, YONEL	Name
1320 S. DIXIE HIGHWAY	Street Address (P.O. Box Number is Not Acceptable)
SUITE 851	
MIAMI FL 33146	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 _____

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, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	TITLE	☐ Change	☐ Addition
NAME	ELIZEE, YONEL	NAME		
STREET ADDRESS	1320 S. DIXIE HIGHWAY SUITE 851	STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33146	CITY-ST-ZIP	☐ Delete	
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	☐ Delete	
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	☐ Delete	
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	☐ Delete	
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	☐ Delete	
TITLE		TITLE	☐ Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	☐ Delete	

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 REQUIRED_____   02-28-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/02)