FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

02 DEC -3 PH 4: 23 DOCUMENT # P010000 13018 1. Entity Name SEGNETARY OF STATE TALLAHASSEE, FLORIDA SONAR CONSULTING CORP. DO NOT WRITE IN THIS SPACE 300009321003 12/03/02--01061--018 ***150.00 3. Mailing Address 2. Principal Place of Business 1731 NW HAND CT DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc Applied For City & State 4. FEI Number City & State 65-108**3**983 HOLLYWOOD, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required UNITEDSTATES 7...Name and Address of Current Registered Agent Name PEDED MERCALO DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1731 NW HAND CT Zip Code 53**2왕**년 HOLLYWOOD D 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 nd came at registered agent unit title if opplicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Lax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) P.O THE TIÈLE NAME. NAME PEDRO MERCADO STREET AUDRESS MASI NWHAND CT. STREET ADDRESS HOLLYWOOD, FL 3302H CITY: ST. ZIP CITY-ST-7/F TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST- AP TITLE TITLE NAME : NAME. STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY ST ZIP CHY-51-292 TITLE TITLE IN THIS SPACE NAME NAMI. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SH-ZIP THUE NAMI-NAM! STREET ADDRESS STREET ADDRESS CITY: ST. ZIP CHY-51-ZIP 101(1 NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CHTY-ST-ZIP 13. Thereby 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 11 or on an attachment with an address, with all other like empowers

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Reference: Sonar Consulting Corp.

2002 Corporate Annual Report

FEI #65-1083983

Taxpayer's Assistance:

We did not receive our annual report form the year 2002. We notified the Department of State of this and was advised to send you the form and a check for \$150.00 and ask to have the form filed.

In complying with this request please find our 2002 For Profit Corporation Uniform Business Report and our check for \$150.00.

Please process our form and payment.

Thanking you for your cooperation and help.

Sincerely yours,

Sonar Consulting Corp.

Pedro Mercado

President