

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90021 001 ***150.00
01-15-2004 90021 002 *****8.75

DOCUMENT # P01000015622

1. Entity Name
SONWILL INC.



Principal Place of Business: **VITA BELLA SALON**
729 S
MIAMI BEACH, FL 33139

Mailing Address: **1800 SUNSET HARBOUR DR #1407**
MIAMI BEACH, FL 33139

66400118



01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
Vitabella Salon
Suite, Apt. #, etc.
729 5th street

3. Mailing Address
16388 NW 15 st
Suite, Apt. #, etc.

City & State
miami beach
Zip
Fla

City & State
Pembroke Pine, FL
Zip
33028

4. FEI Number
65-1079011

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLINA, WILLIAMS
1800 SUNSET HARBOUR DR #1407
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
Medina, Oswaldo
Street Address (P.O. Box Number is Not Acceptable)
16388 NW 15 st
City
Pembroke Pines FL Zip Code
33028

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]*
Signature is typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/13/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P ☐ Delete
MEDINA, OSWALDO
16388 15TH STREET
PEMBROKE PINES, FL 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVP ☒ Delete
MOLINA, WILLIAMS
1800 SUNSET HARBOUR DRIVE #1407
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/04
Date

305-6746836
Daytime Phone #