


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91007 024 ***150.00

DOCUMENT # P01000035221	
1. Entity Name SONAVMIR, INC.	

Principal Place of Business 4112 TOWN CENTER BLVD ORLANDO, FL 32837	Mailing Address 814 SUMANEE COURT MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STOCKLEY, PETER 814 SUMANEE COURT MAITLAND, FL 32751	DO NOT WRITE IN THIS SPACE
<i>SUMANEE</i>	

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUISON, RODNEY G 814 SUMANEE COURT MAITLAND, FL 32751 <i>Correct St name is SUMANEE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACK, MARTIN 814 SUMANEE COURT MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOCKLEY, PETER 814 SUMANEE CT. MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: <i>[Signature]</i> PETER H. STOCKLEY	Date: 04/22/04	Daytime Phone #: 407 812 4100
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