




# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90020 021 \*\*\*150.00

|  |  |                     |   |  |  |
|--|--|---------------------|---|--|--|
| <b>DOCUMENT # P01000035221</b><br>1. Entity Name<br><b>SONAVMIR, INC.</b>  |  |                     |   |   |  |
| Principal Place of Business<br><b>814 SUWANEE CT<br/>MAITLAND FL 32751</b>   |  |                     | Mailing Address<br><b>814 SUMANEE COURT<br/>MAITLAND FL 32751</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |   |  |  |
| City & State   |  | City & State        |   |  |  |
| Zip  | Country                                      | Zip                 | Country   |  |  |
| 6. Name and Address of Current Registered Agent  |  |                     |   | 7. Name and Address of New Registered Agent  |  |
| <b>STOCKLEY, PETER<br/>814 SUWANEE CT<br/>MAITLAND FL 32751</b>  |  |                     |   | Name<br><hr/> Street Address (P.O. Box Number is Not Acceptable)<br><hr/> <hr/> City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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  <b>PRESIDENT</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small>   |  |                     |   |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2008 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;">         9. Election Campaign Financing<br/>         Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div>   |  |                     |   |  |  |
| 10. OFFICERS AND DIRECTORS   |  |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |  |  |
| TITLE  | D <input checked="" type="checkbox"/> Delete |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>SACK, MARTIN</b>                          |                     | NAME  |  |  |
| STREET ADDRESS   | <b>814 SUWANEE CT</b>                        |                     | STREET ADDRESS  |  |  |
| CITY - ST - ZIP  | <b>MAITLAND FL 32751</b>                     |                     | CITY - ST - ZIP   |  |  |
| TITLE  | P <input type="checkbox"/> Delete            |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>STOCKLEY, PETER</b>                       |                     | NAME  |  |  |
| STREET ADDRESS   | <b>814 SUWANEE CT</b>                        |                     | STREET ADDRESS  |  |  |
| CITY - ST - ZIP  | <b>MAITLAND FL 32751</b>                     |                     | CITY - ST - ZIP   |  |  |
| TITLE  | <input type="checkbox"/> Delete              |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |  |                     | NAME  |  |  |
| STREET ADDRESS   |  |                     | STREET ADDRESS  |  |  |
| CITY - ST - ZIP  |  |                     | CITY - ST - ZIP   |  |  |
| TITLE  | <input type="checkbox"/> Delete              |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |  |                     | NAME  |  |  |
| STREET ADDRESS   |  |                     | STREET ADDRESS  |  |  |
| CITY - ST - ZIP  |  |                     | CITY - ST - ZIP   |  |  |
| TITLE  | <input type="checkbox"/> Delete              |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |  |                     | NAME  |  |  |
| STREET ADDRESS   |  |                     | STREET ADDRESS  |  |  |
| CITY - ST - ZIP  |  |                     | CITY - ST - ZIP   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  <b>PRESIDENT</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |                     |   |  |  |



1st MOORE CR2E034 (10/07)

4. FEI Number **NO-T APPLICABLE** ☐ Applied For  
☐ Not Applicable

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

03/05/08 407.645.3376  
Date Daytime Phone #