


FILED
Apr 26, 2006 8:00 am
Secretary of State

40063344

DOCUMENT # P01000044629				04-26-2006 90194 031 ***150.00	
1. Entity Name SOHONI ENTERPRISES, INC.					
Principal Place of Business 10619 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071		Mailing Address 10619 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071			
2. Principal Place of Business 12020 NW 27TH DR		3. Mailing Address 12020 NW 27TH DR		40063344	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222006 Chg-P CR2E034 (11/05)	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL		4. FEI Number 65-1097061	
Zip 33065		Zip 33065		Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOHONI, VASANT S 12020 NW 27TH DRIVE CORAL SPRING, FL 33065			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVSD SOHONI, VASANT S 12020 NW 27TH DRIVE CORAL SPRING, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SOHONI, VASANT S 12020 NW 27TH DRIVE CORAL SPRING, FL 33065	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: V. Vasanti S. Schmitt 4/22/06 954753-938 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					