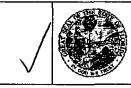
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000060617

1. Entity Name

Soriano Enterprises, Inc.



Apr 02, 2003 8:00 am Secretary of State 04-02-2003 90055 014 ***150.00

DO NOT WRITE IN THIS SPACE					90068086		
1710 Mc	Place of Business kinley Street	1710 Mckinle	3. Mailing Address 1710 Mckinley Street				
Suite, Apt. # 15	.#, etc.	# 15	Suite, Apt. #, etc. # 15		DO NOT WRITE IN THIS SPACE		
City & Stat Hollyw o	ood, Florida	City & State Hollywood, Fl	orida		4. FEI Number 65-111	4503	Applied F Not Applie
Zip 33020	Country USA	33020	Coun USA		5. Certificate of Status De		8.75 Additional see Required
· .				Nome	7. Name and Address of C	urrent Registered A	gent
DO NOT WRITE				Name SOF	RIANO LUIS A.		
				Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				1710 Mickinley Street #15			
				City Hollywood FL 3			Zip Code 33020
	named entity submits this statement tions of registered agent.	nt for the purpose of chang	ing its registere	ed office or regi	stered agent, or both, in the Stat	e of Florida. I am fam	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registere	d Agent signature req	guired when reinstating)	DATE	
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Departmen				9. Election Campa Trust Fund Con		\$5.00 May Added to Fee
10.		ND DIRECTORS					
TITLE P.D.	LUIS A. SORIANO		TITLE				
NAME	1710 Mckinley Street # 15		NAM.	-			
STREET ADDRESS CITY-ST-ZIP	Hollywood, FL 33020			ET ADDRESS - ST-ZIP			
TITLE			TITLE				
NAME .			NAMI	E .			
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STREET ADDRESS				et address			
CATY-ST-ZIP			СПҮ-	ST-ZIP			ĺ

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 direct 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 on a attachment with an address, with all other like empowered.

03/25/03

754-244-4079