
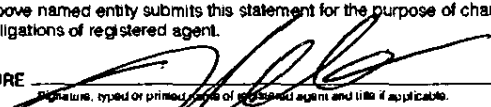
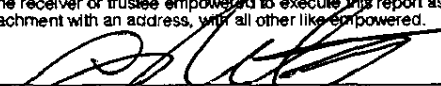


FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90154 025 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000087747			
1. Entity Name SONNEL HOLDING CORP.		(L)	
Principal Place of Business 770 CLAUGHTON ISLAND DR PH6 BRICKELL KEY, FL 33131		Mailing Address 800 CLAUGHTON ISLAND DR. BRICKELL KEY, FL 33131	
2. Principal Place of Business 8004 NW 154 Terr Suite, Apt. #, etc. 335		3. Mailing Address 8004 NW 154 Terr Suite, Apt. #, etc. 335	
City & State Miami Lake		City & State Miami Lakes	
Zip 33016		Zip 33016	
Country		Country	
4. FEI Number 65-1136322		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVA, NELSON 800 CLAUGHTON ISLAND DR. BRICKELL KEY, FL 33131		7. Name and Address of New Registered Agent Name Nelson Oliva Street Address (P.O. Box Number is Not Acceptable) 8004 NW 154 Terr. # 335 City Miami Lakes FL Zip Code 33016	
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  DATE 9/06/03 (NOTE: Registered Agent's signature required when remaining)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		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 PSO OLIVA, NELSON 800 CLAUGHTON ISLAND DR. BRICKELL KEY, FL 33131 8004 NW 154 Terr Miami Lakes, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE 9/6/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/02)

Attachment#
80148175

SONNEL HOLDING CORP.
8004 NW 154 TERR #335
MIAMI LAKES, FL 33016

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

RE: UNIFORM BUSINESS REPORT #P01000087747

We are in receipt of the second notice to pay the annual report for our for profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally filed late because we never received any correspondence from your department by the post office. We moved and forgot to notify the department of our new address. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$150.00. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.



NELSON OLIVA – PRESIDENT