

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

04-29-2004 90224 028 ***150.00

4/

00166103



04252004 Chg-P CR2E034 (10/03)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WINDERMAN, HARRY ESQ.
ONE BOCA PLACE, 2255 GLADES ROAD
SUITE 218A
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name: VICTORIA SOINI
Street Address (P.O. Box Number is Not Acceptable):
1161 SW 74th Ave
City: Plantation, FL Zip Code: 33317

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: Victoria Soini DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SOINI, DONALD E	
STREET ADDRESS	6500 N.W. 21ST. AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	SD	☐ Delete
NAME	SOINI, VICTORIA A	
STREET ADDRESS	6500 N.W. 21ST. AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: V A Soini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04
Date Daytime Phone #

Attachment
66422783

#P02000011647

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/
DATE STAMP

EIN 72-1519879 172412

SO-WRIGHT
1161 SW 74TH AVE
PLANTATION FL 33317-4129

941	945	1st Quarter
990- C	1120	2nd Quarter
943	990-T	3rd Quarter
720	990- PF	4th Quarter
CT-1	1042	
940		

92

28-2 Telephone number: ()

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2000)