


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90015 026 ***150.00

DOCUMENT # P02000037945
 1. Entity Name
SONIA Y MIRTA INC.



Principal Place of Business Mailing Address
39 BEACOM BOULEVARD MIAMI, FL 33135 **39 BEACOM BOULEVARD MIAMI, FL 33135**

24076125



2. Principal Place of Business **39 Beacom Boulevard**
 Suite, Apt. #, etc.

3. Mailing Address **39 Beacom Boulevard**
 Suite, Apt. #, etc.

03012003 Chg-P CR2E034 (10/03)

City & State **Miami, FL** City & State **Miami, FL**
 Zip **33135** Country **US** Zip **33135** Country **US**

4. FEI Number **04-3641349** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ALANIZ, SONIA
39 BEACOM BOULEVARD
MIAMI, FL 33135

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 *Sonia Alaniz P.D.* **5-13-04** **3056449288**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALANIZ, SONIA	
STREET ADDRESS	39 BEACOM BOULEVARD	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MERCACO, MIRTA	
STREET ADDRESS	39 BEACOM BOULEVARD	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sonia Alaniz P.D.* **5-13-04** **3056449288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment
24076125

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 8, 2004

SONIA Y MIRTA INC.
39 BEACOM BOULEVARD
MIAMI, FL 33135

SUBJECT: SONIA Y MIRTA INC.
Ref. Number: P02000037945

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Eula Peterson
Document Specialist

Letter Number: 104A00031953