

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

06-13-2005 90001 045 \*\*\*150.00  
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DOCUMENT # P02000037945

1. Entity Name  
SONIA Y MIRTA INC.

Principal Place of Business  
39 BEACOM BOULEVARD  
MIAMI, FL 33135

Mailing Address  
39 BEACOM BOULEVARD  
MIAMI, FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05202005 Chg-P CR2E034 (10/03)

4. FEI Number  
04-3641349

Applied For  
Not Applicable

6. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALANIZ, SONIA  
39 BEACOM BOULEVARD  
MIAMI, FL 33135

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  Delete  
NAME ALANIZ, SONIA  
STREET ADDRESS 39 BEACOM BOULEVARD  
CITY-ST-ZIP MIAMI, FL 33135

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  Delete  
NAME MERCACO, MIRTA  
STREET ADDRESS 39 BEACOM BOULEVARD  
CITY-ST-ZIP MIAMI, FL 33135

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
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TITLE  Change  Addition  
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TITLE  Delete  
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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 affidavit, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of signing officer or director

6-6-2005 (305) 6490100  
Date Daytime Phone