

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

FILED

03 OCT 22 PH 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000058494
1. Entity Name
VINALES SONOCO INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2995 W 79 ST</u> Suite, Apt. #, etc.		3. Mailing Address <u>2995 W 79 ST</u> Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>	City & State <u>MIAMI FL</u>	4. FEI Number <u>04-3673011</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33016</u>	Country <u>MIAMI-Dade</u>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name ROBERT VERA
Street Address (P.O. Box Number is Not Acceptable)
2840 SW 120 RD MIAMI FL 33175
City MIAMI FL Zip Code 33175

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.
SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 10/17/03

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P-5 ROBERT VERA 2840 SW 120 RD MIAMI FL 33175</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>500024024075 10/22/03--01067--016 **150.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>TRAULE VERA 901 NW 129 AV. MIAMI FL 33182</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 10/17/03 DAYTIME PHONE # 305-562-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 17/2003

Division of Corporation
Tallahassee, FL.

RE: Annual Report
P02000058494
Vinales Sunoco Inc

Dear Sir/Madam

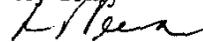
Attached you can find our report of the reference with check by \$150.00 covering the report of the reference.

I am very sorry because that is the first time for this report and the bookkeeper never said to me for this report, I change it because I need a people to be acquainted With this matter.

I begged to you have this error in consideration when you correct your record in order you can eliminated the penalty of \$600.00. We start the business and the income is not so good.

Thank for cooperation

Very Truly


Robert Vera
President