2004 FOR PROFIT CORPORATION

Mar 26, 2004 8:00 am Secretary of State **ANNUAL REPORT** 03-26-2004 90035 032 ***150 00 DOCUMENT # P03000029921 1. Entity Name SORÍANO BROTHERS, INC. 94037119 Principal Place of Business Mailing Address 1140 HAMILTON AVE. 1140 HAMILTON AVE. US LONGWOOD, FL 32750 US LONGWOOD, FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 03-05 108 76 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. - Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name SORIANO, LUIS Street Address (P.O. Box Number is Not Acceptable) 1140 HAMILTON AVE. LONGWOOD, FL 32750 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. agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees . OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change Addition TITLE Delete NAME SORIANO, LUIS NAME STREET ADDRESS 1140 HAMILTON AVE. STREET ADDRESS LONGWOOD, FL 32750 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE SORIANO, LUIS NAME NAME 1140 HAMILTON AVE. STREET ADDRESS STREET ADDRESS LONGWOOD, FL 32750 CITY-ST-ZIP CITY-ST-712 Delete TITLE ☐ Change ☐ Addition TITLE SORIANO, LUIS NAME NAME STREET ADDRESS 1140 HAMILTON AVE. STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME SORIANO, LUIS NAME STREET ADDRESS 1140 HAMILTON AVE. STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SORIANO, LUIS NAME NAME 1140 HAMILTON AVE. STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

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LONGWOOD, FL 32750

CITY-ST-7IP

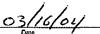
STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete



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☐ Addition