

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000032915

Entity Name: SONEROS ENTERPRISE, INC.

FILED
Sep 10, 2008
Secretary of State

Current Principal Place of Business:

7391 MONTERREY BLVD
TAMPA, FL 33625

New Principal Place of Business:

4023 W WATERS AV SUITE #6
TAMPA, FL 33614

Current Mailing Address:

7391 MONTERREY BLVD
TAMPA, FL 33625

New Mailing Address:

4023 W WATERS AV SUITE #6
TAMPA, FL 33614

FEI Number: 59-2338531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNOZ, DORANCE
7391 MONTERREY BLVD
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

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: DORANCE MUNOZ

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MUNOZ, DORANCE
Address: 7391 MONTERREY BLVD
City-St-Zip: TAMPA, FL 33625

Title: D (X) Delete
Name: RAMIREZ, GIOVANNI
Address: 7391 MONTERREY BLVD
City-St-Zip: TAMPA, FL 33625

Title: D (X) Delete
Name: ESCOBAR, FREDY
Address: 7391 MONTERREY BLVD
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MUNOZ, DORANCE
Address: 8714 EXPOSITION DR
City-St-Zip: TAMPA, FL 33626

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORANCE MUNOZ

Electronic Signature of Signing Officer or Director

P

09/10/2008

Date