

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091749

Entity Name: SONYA DESIGNS, INC.

FILED  
Jul 06, 2004  
Secretary of State

## Current Principal Place of Business:

6830 INDIAN CREEK DRIVE APT 9B  
MIAMI BEACH, FL 33141 US

## New Principal Place of Business:

7133 BAY DRIVE PH#3  
MIAMI BEACH, FL 33141 US

## Current Mailing Address:

6830 INDIAN CREEK DRIVE APT 9B  
MIAMI BEACH, FL 33141 US

## New Mailing Address:

P.O. BOX 414595  
MIAMI BEACH, FL 33141 US

FEI Number: 59-3267036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAIRE, SONYA C  
6830 INDIAN CREEK DRIVE APT 9B  
MIAMI BEACH, FL 33141 US

## Name and Address of New Registered Agent:

HAIRE, SONYA C  
7133 BAY DRIVE PH#3  
MIAMI BEACH, FL 33141 US

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: SONYA C. HAIRE

07/06/2004

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: PRES ( ) Delete  
Name: HAIRE, SONYA C  
Address: 6830 INDIAN CREEK DRIVE APT 9B  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: SEC ( ) Delete  
Name: HAIRE, SONYA C  
Address: 6830 INDIAN CREEK DRIVE APT 9B  
City-St-Zip: MIAMI BEACH, FL 33141 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: HAIRE, SONYA C  
Address: 7133 BAY DRIVE PH#3  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: SEC (X) Change ( ) Addition  
Name: HAIRE, SONYA C  
Address: 7133 BAY DRIVE PH#3  
City-St-Zip: MIAMI BEACH, FL 33141 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SONYA C. HAIRE

PRES

07/06/2004

Electronic Signature of Signing Officer or Director

Date