

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90018 001 ***150.00

DOCUMENT # P03000094240

1. Entity Name
SOROKA ENTERPRISES, CORP.



Principal Place of Business
20182 W OAKMONT CIR
HIALEAH, FL 33015

Mailing Address
20182 W OAKMONT CIR
HIALEAH, FL 33015



2. Principal Place of Business
18520 NW 67 AVE

Suite, Apt. #, etc.
214

City & State
HIALEAH / FLORIDA

Zip
33015

3. Mailing Address
18520 NW 67 AVE

Suite, Apt. #, etc.
214

City & State
HIALEAH / FLORIDA

Zip
33015

01292004 Chg-P CR2E034 (10/03)

4. FEI Number
32-0090869

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SOROKA, ANTONIO C~~
~~20182 W OAKMONT CIR~~
~~HIALEAH, FL 33015~~

7. Name and Address of New Registered Agent

Name
SOROKA, ANTONIO C.
Street Address (P.O. Box Number is Not Acceptable)

18520 NW 67 AVE #214

City HIALEAH FL Zip Code 33015

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 Antonio Soroka / President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-29-04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SOROKA, ANTONIO C
20182 W OAKMONT CIR
HIALEAH, FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SOROKA, ANTONIO C.
18520 NW 67 AVE #214
HIALEAH, FL 33015 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE: Antonio Soroka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04 (305) 490-4910
Date Daytime Phone #