

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000101218

1. Entity Name
SORENSSI, INC.



FILED

05 APR 25 PM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
801 N. CONGRESS AVE.
K997
BOYNTON BEACH, FL 33426 PB

Mailing Address
801 N. CONGRESS AVE.
K997
BOYNTON BEACH, FL 33426 PB



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0210175

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DELGADO, MARIELA A
801 N. CONGRESS AVE.
K997
BOYNTON BEACH, FL 33426

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIMONASSI, ALVARO M
STREET ADDRESS	1140 SW 25TH AVE
CITY - ST - ZIP	FORT LAUDERDALE, FL 33312
TITLE	VP
NAME	DELGADO, MARIELA A
STREET ADDRESS	1140 SW 25TH AVE.
CITY - ST - ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

900054207589
05/10/05--01046--010 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mariela Delgado

4/19/05 954 319 4829

Date

Daytime Phone #