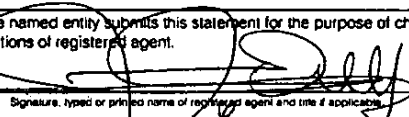


FILED
Jun 19, 2007 8:00 am
Secretary of State

05-14-2007 90090 046 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000101218						
1. Entity Name SORENSSI, INC.						
Principal Place of Business 801 N. CONGRESS AVE. K997 BOYNTON BEACH, FL 33426		Mailing Address 801 N. CONGRESS AVE. K997 BOYNTON BEACH, FL 33426				
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent DELGADO, MARIELA A 801 N. CONGRESS AVE. K997 BOYNTON BEACH, FL 33426		66019413  03072007 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 30-0210175</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 30-0210175	Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
4. FEI Number 30-0210175	Applied For Not Applicable					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required						
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  (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P SIMONASSI, ALVARO M 1140 SW 25TH AVE FORT LAUDERDALE, FL 33312					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELGADO, MARIELA A 1140 SW 25TH AVE. FORT LAUDERDALE, FL 33312					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
DO NOT WRITE IN THIS SPACE						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 OFFICER OR DIRECTOR		6/7/07 9543194839 Date Debit Phone #				