2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132419

Entity Name: SORRENTINO, INC.

FILED Jan 16, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|---|----------------------------------|---|--|--|
| 33100 SW HOMESTE | / 210 AVE EAD, FL 33034 | 1 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 33100 SW HOMESTE | ¹ 210 AVE EAD, FL 33034 | 4 | | | |
| FEI Number | : 20-4499097 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of C | Current Registered Agent: | Name and Address of | New Registered Agent: | |
| 33100 SW | , CARMELA ' 210 AVE EAD, FL 33034 | 4 US | | | |
| | e named entity e of Florida. | submits this statement for the p | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electror | nic Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD (ST AUBIN, CAF 33100 SW 210 HOMESTEAD, | AVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (ST AUBIN, MAT 33100 SW 210 HOMESTEAD, | AVE | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | V (ST AUBIN, JOS 19441 SW 308 HOMESTEAD, | ST. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | D () ST AUBIN, BAF 19441 SW 308 | | Title: Name: Address: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: CARMELA ST AUBIN PD 01/16/2009

HOMESTEAD, FL 33030

City-St-Zip: