



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000016972						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">06 MAR -2 AM 10:41</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
1. Entity Name HANDYMAN SONY, INC.							
Principal Place of Business 299 NW 104TH STREET MIAMI, FL 33150		Mailing Address 299 NW 104TH STREET MIAMI, FL 33150					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PIERRE, SONY 299 NW 104TH STREET MIAMI, FL 33150				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
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, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERRE, SONY 299 NW 104TH STREET MIAMI, FL 33150 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 1.2em;">000067974430</div> <div style="text-align: center; font-size: 0.8em;">03/15/06--01020--005 ***150.00</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MESIDOR, NATACHA 299 NW 104TH STREET MIAMI, FL 33150 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PIERRE, AUTIANN SANDRA 299 NW 104TH STREET MIAMI, FL 33150 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUTIANN SANDRA PIERRE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PIERRE, STEPHONNI R 299 NW 104TH STREET MIAMI, FL 33150 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEPHAN RODNEY PIERRE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Sony Pierre</u>				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
				Date _____ Daytime Phone # _____			