2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000007582

1. Entity Name
SON FASHIONS, INC.

Principal Place of Business
1751 W 38TH PLACE
SUITE 1008A
HIALEAH, FL 33012   US

Mailing Address
1751 W 38TH PLACE
SUITE 1008A
HIALEAH, FL 33012   US

DO NOT WRITE IN THIS SPACE

01282008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0385499	Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEA & CASAS, INC.
4513 PALM AVENUE
HIALEAH, FL 33012

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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 _____   2-Y-08
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SORIANO, ONELIA
STREET ADDRESS	6431 N.W. 199TH ST.
CITY-ST-ZIP	MIAMI, FL 33015

TITLE	VTDS
NAME	SORIANO, SANDRA
STREET ADDRESS	6431 N.W. 199TH ST.
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   2/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #