

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000083283

Entity Name: SOR INVESTMENTS, INC.

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

7869 NW 57TH ST
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14-3933
CORAL GABLES, FL 331143933 US

New Mailing Address:

FEI Number: 65-0471893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROS, ROBERT O
7869 NW 57TH ST
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: ROS, ROBERT O
Address: 7869 7TH ST
City-St-Zip: MIAMI, FL 33166

Title: P () Delete
Name: ROS, ROBERT
Address: 7869 NW 8TH 57 ST
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: ROS, ROBERT O
Address: 7869 NW 57TH ST
City-St-Zip: MIAMI, FL 33166

Title: P (X) Change () Addition
Name: ROS, ROBERT O
Address: 7869 NW 8TH 57 ST
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ROBERT O. ROS

PRES

04/17/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date