


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000084166
 1. Entity Name
 SONIANA CORPORATION



Principal Place of Business Mailing Address
 % DENNIS, S, GOLD, ESQ.
 2335 TAMiami TRAIL NO. 301
 NAPLES, FL 34103 US 2335 TAMiami TRAIL N
 SUITE 301
 NAPLES, FL 33940 US

DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0565031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOLD, DENNIS S
 2335 TAMiami TRAIL N
 SUITE 301
 NAPLES, FL 34103

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

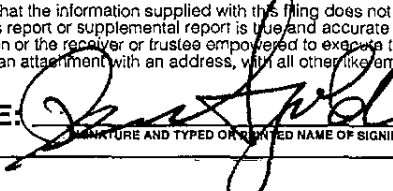
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLD, DENNIS S 2335 TAMiami TRAIL N SUITE 301 NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KEHRLI, SONIA 2335 TAMiami TRL NO #301 NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KEHRLI, HANS PETER 2335 TAMiami TRL NO #301 NAPLES, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 information.

SIGNATURE:  Dennis S. Gold, Director 4/1/05 239-649-4653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #