

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90033 039 \*\*\*150.00

**DOCUMENT # P93000084166**

1. Entity Name  
**SONIANA CORPORATION**



Principal Place of Business  
 % DENNIS, S. GOLD, ESQ.  
 2335 TAMIAMI TRAIL NO. 301  
 NAPLES, FL 34103 US

Mailing Address  
 2335 TAMIAMI TRAIL N  
 SUITE 301  
 NAPLES, FL 33940 US

40006886



01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0565031

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$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

7. Name and Address of New Registered Agent

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**  Delete  
 NAME **GOLD, DENNIS S**  
 STREET ADDRESS **2335 TAMIAMI TRAIL N SUITE 301**  
 CITY-ST-ZIP **NAPLES, FL**

TITLE **P**  Delete  
 NAME **KEHRLI, SONIA**  
 STREET ADDRESS **2335 TAMIAMI TRL NO #301**  
 CITY-ST-ZIP **NAPLES, FL**

TITLE **T**  Delete  
 NAME **KEHRLI, HANS PETER**  
 STREET ADDRESS **2335 TAMIAMI TRL NO #301**  
 CITY-ST-ZIP **NAPLES, FL**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**Dennis S. Gold, Director 1/29/07 239-649-4653**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #