

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000007330

1. Entity Name
SOCARRAS TECHNICAL CONSULTING, INC.



Principal Place of Business
701 W. PINWOOD CT.
LAKE MARY, FL 32746

Mailing Address
701 W. PINWOOD CT.
LAKE MARY, FL 32746

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90001 001 ***150.00



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3291152

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOCARRAS, FEDORA
701 W PINWOOD CT
LAKE MARY, FL 32746

**DO NOT WRITE
IN THIS SPACE**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/20/04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME SOCARRAS, ANGEL P
STREET ADDRESS 701 W. PINWOOD CT.
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/04
Date

4073281163
Daytime Phone #