2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000036819

1. Entity Name

SOCHA PROPERTY INVESTMENTS, INC.



US

FILED Feb 09, 2004, 08:00 AM Secretary of State

Principal Place of Business

OOK HILL OOTH DI 100

2201 NW 30TH PLACE

POMPANO BEACH, FL 33069

Mailing Address

2201 NW 30TH PLACE

POMPANO BEACH, FL 33069

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No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0585365

01222004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE SUITE 500 EAST WEST PALM BEACH, FL 33401

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.

RΕ___

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, 2004 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	DV
NAME	ALNAJJAR, NADER
STREET ADDRESS	2201 NW 30TH PLACE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHALEFF, LAWRENCE 2201 NW 30TH PLACE POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTA CLARK, SUSAN 2201 NW 30TH PLACE POMPANO BEACH, FL 33069
TITLE	DVS
NAME	DHANANI, MEENAZ
STREET ADDRESS	2201 NW 30TH PLACE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	DV
NAME	LAL, SANJAY
STREET ADDRESS	2201 NW 30TH PLACE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	DV
NAME	SHETTY, DAYANAND
STREET ADDRESS	2201 NW 30TH PLACE
CITY-ST-ZIP	POMPANO BEACH, FL 33069

DO NOT WRITE
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 comporation 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04 407-239-914

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