


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90273 046 ***158.75

DOCUMENT # P96000043664
 1. Entity Name
JORGE M. SORI FINE ART CORP.



Principal Place of Business Mailing Address
2960 PONCE DE LEON BLVD **2960 PONCE DE LEON BLVD**
CORAL GABLES, FL 33134 **CORAL GABLES, FL 33134**

34070006



2. Principal Place of Business 3. Mailing Address
2970 PONCE DE LEON BLVD **2970 Ponce de leon Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State City & State
Coral Gables, FL 33134 **Coral Gable FL**
 Zip Country Zip Country
 --- --- **33134** ---

4. FEI Number Applied For
65-0823496 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SORI, JORGE M
2960 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2970 PONCE DE LEON Blvd
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 SORI, JORGE M 1411 BLVD ROAD CORAL GABLE, FL 33146 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
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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 empowered.

SIGNATURE:  **4/27/04** Date Daytime Phone #