

# 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  
**2960 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134**

Mailing Address  
**2960 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134**

**34070004**

2. Principal Place of Business  
**2970 Ponce de Leon Blvd**

3. Mailing Address  
**2970 Ponce de Leon Blvd**



04232004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Coral Gables, FL 33134**

City & State  
**Coral Gable FL**

4. FEI Number  
**65-0823496**

Applied For  
Not Applicable

Zip Country

Zip Country

**33134**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SORI, JORGE M  
2960 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134**

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

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**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SORI, JORGE M  
1411 BLVD ROAD  
CORAL GABLE, FL 33146**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/04**

Date

Daytime Phone #