


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000062609 1. Entity Name SONDOV CAPITAL INC.	
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Principal Place of Business 501 S RIVERSIDE DR POMPANO BEACH, FL 33062	Mailing Address 501 S RIVERSIDE DR POMPANO BEACH, FL 33062
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01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0768823	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SONDOV, STEVEN A
501 S RIVERSIDE DR
POMPANO BEACH, FL 33062**

**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, 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 \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000603089
01/26/07-80118-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SONDOV, STEVEN A 501 S RIVERSIDE DR POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DELIZZA, RINA 2121 N COMMERCE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steven Sondov (STEVEN SONDOV) 1/23/07 954 946-7230