



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90003 048 ***150.00

DOCUMENT # P97000107631 1. Entity Name SORA INVESTMENTS CORP.																													
Principal Place of Business 5840 W. FLAGLER ST., STE. 1 MIAMI FL 33144			Mailing Address 5840 W. FLAGLER ST., STE. 1 MIAMI FL 33144 7380 SW 117 TER PINECREST FL. 33156																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0843899 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 MOORE CR2E034 (11/03)																									
6. Name and Address of Current Registered Agent RAMS, VICTOR H SR. 5840 W. FLAGLER ST., STE. 1 MIAMI FL 33144																													
7. Name and Address of New Registered Agent Name VICTOR H. RAMS SR. Street Address (P.O. Box Number is Not Acceptable) 7380 SW 117 TER. City PINECREST FL Zip Code 33156																													
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 <u><i>Victor Hugo Rams Sr.</i></u> 2-5-04 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>																										
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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: <u><i>Victor Hugo Rams Sr.</i></u> 2-5-04 305-804-1317 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													