

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000019730  
 1. Entity Name  
 SONIA'S NETWORK REALTY, INC.



Principal Place of Business      Mailing Address  
 300 SEVILLA AVENUE      6740 ROYAL PALM DRIVE  
 304      MIAMI, FL 33157  
 CORAL GABELS, FL 33134

**DO NOT WRITE IN THIS SPACE**



03212005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0900587      Not Applicable

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

6. Name and Address of Current Registered Agent  
 FERNANDEZ, SONIA  
 6740 ROYAL PALM DRIVE  
 MIAMI, FL 33157

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	FERNANDEZ, SONIA
STREET ADDRESS	6740 ROYAL PALM DR
CITY - ST - ZIP	MIAMI, FL 33157
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	

UN0000275896  
 03/25/05-80017-020 150.00

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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: Sonia Fernandez    Date: 3/21/05    Daytime Phone #: 305 648-0801