


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90064 014 \*\*\*155.00

DOCUMENT # P99000019730					
1. Entity Name SONIA'S NETWORK REALTY, INC.					
Principal Place of Business 300 SEVILLA AVENUE 304 CORAL GABELS, FL 33134			Mailing Address 6740 ROYAL PALM DRIVE MIAMI, FL 33157		
2. Principal Place of Business - No P.O. Box # <i>250 CATALANIA Ave</i> Suite, Apt. #, etc. <i>#404</i>			3. Mailing Address Suite, Apt. #, etc.		
City & State <i>CORAL GABELS, FL</i>			City & State		
Zip <i>33134</i>		Country <i>USA</i>		4. FEI Number 65-0900587	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <del>Not Applicable</del>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  FERNANDEZ, SONIA 6740 ROYAL PALM DRIVE MIAMI, FL 33157				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 agents.					
SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> 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	PSTD FERNANDEZ, SONIA 6740 ROYAL PALM DR MIAMI, FL 33157 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i> <i>Sonia Fernandez</i> <i>2/13/07</i> <i>305-648-0801</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40037263



02132007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0900587

5. Certificate of Status Desired ☒ ~~Not Applicable~~ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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Trust Fund Contribution. ☒ **\$5.00** May Be  
Added to Fees

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE: *[Signature]* *Sonia Fernandez* *2/13/07* *305-648-0801*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #