


FILED
Mar 03, 2005 8:00 am
Secretary of State

40024916


DOCUMENT # P99000058139

1. Entity Name
SORREN CONSULTING, INC.



03-03-2005 90168 035 ***150.00

40024916



Principal Place of Business
3009 23RD AVE W.
BRADENTON, FL 34205

Mailing Address
3009 23RD AVE W.
BRADENTON, FL 34205

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
CHAMBERS, HOPE L
3459 51ST AVE CIR W
BRADENTON, FL 34210

7. Name and Address of New Registered Agent
Name Hope L Chambers (same)
Street Address (P.O. Box Number is Not Acceptable)
3009 23RD AVENUE WEST
(address change of registered agent)
City Bradenton FL Zip Code 34205

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 Hope L Chambers
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/28/04
DATE

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 NAME STREET ADDRESS CITY-ST-ZIP
DP CHAMBERS, HOPE I 3459 51ST AVE CIR W BRADENTON, FL 34210
DV COSSETTE, SOLANGE T 3459 51ST AVENUE CIRCLE WEST BRADENTON, FL 34210

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
3009 23RD Avenue WEST BRADENTON FL 34205
3009 23RD Avenue WEST Bradenton FL 34205

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: Hope L Chambers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HOPE L CHAMBERS 2/28/05 941-741-4666
Date Daytime Phone #