


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P99000109960</b><br>1. Entity Name<br><b>BA SOR, INC.</b> |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>2500 E HALLANDALE BEACH BLVD<br/>HALLANDALE BEACH, FL 33009</b> | Mailing Address<br><b>17290 N.E. 19TH AVENUE<br/>NORTH MIAMI BEACH, FL 33162</b> |
|---|--|



04282007 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number<br><b>65-0970137</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>ALMAN, MARTIN H<br/>17290 N.E. 19TH AVENUE<br/>NORTH MIAMI BEACH, FL 33162</b> |
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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 \$550.00**

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

**000000757387  
05/23/07-80070-003 150.00**

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSD<br/>SORRENTINO, FERNANDO<br/>17290 N.E. 19TH AVENUE<br/>NORTH MIAMI BEACH, FL 33162</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VTD<br/>BASSI, GEORGIO<br/>17290 N.E. 19TH AVENUE<br/>NORTH MIAMI BEACH, FL 33162</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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 an officer like empowered.

SIGNATURE:  **FERNANDO SORRENTINO** 4/25/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone