

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # S12052

1. Entity Name
HOWARD SOCHUREK, INC.



Principal Place of Business

5450 OLD OCEAN BLVD
SUITE 7

OCEAN RIDGE, FL 33435 US

Mailing Address

5450 OLD OCEAN BLVD
SUITE 7

OCEAN RIDGE, FL 33435 US



01102008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-2646194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOCHUREK, TATIANA
5450 OLD OCEAN BLVD #7
OCEAN RIDGE, FL 33435

**DO NOT WRITE
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, 2008 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 |
|-------|------|-------------------------|-------------|
| | PST | SOCHUREK, TATIANA | |
| | | 5450 OLD OCEAN BLVD, #7 | |
| | | OCEAN RIDGE, FL | |

| 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 |
|-------|------|----------------|-------------|
| | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
| | | | |

U660000974298
04/10/08-80112-013 150.00

**DO NOT WRITE
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 all other like empowered.

SIGNATURE: Tatiana Sochurak (TATIANA SOCHUREK) (561) 739-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #