


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90041 029 \*\*\*150.00

<b>DOCUMENT # S84987</b>	
1. Entity Name <b>SORTEVER LIMITED, INC.</b>	

Principal Place of Business <b>2900 PRAIRIE AVE. MIAMI, FL 33140</b>	Mailing Address <b>2900 PRAIRIE AVE. MIAMI, FL 33140</b>
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2. Principal Place of Business <b>850 OCEAN DRIVE</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI BEACH FL</b>	City & State
Zip <b>33139</b>	Country



03122004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>BARRACCA, MASSIMO 2900 PRAIRIE AVE. MIAMI, FL 33140</b>	
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <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 agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		DATE _____
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BARRACCA, MASSIMO 2900 PRAIRIE AVE. MIAMI, FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **3-29-2004 (305) 405.5600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #