

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000038842

**Entity Name:** SORING, INC.

**Current Principal Place of Business:**

320 S. FLAMINGO ROAD  
SUITE 225  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

320 S. FLAMINGO ROAD  
SUITE 225  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 30-0830417

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCCARTHY BULMAN, MAURA ESQ.  
1779 N. UNIVERSITY DRIVE  
SUITE 202  
HOLLYWOOD, FL 33024 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            SÖRING-NEUMANN, ANNA  
Address        320 S. FLAMINGO ROAD  
                  SUITE 225  
City-State-Zip: PEMBROKE PINES FL 33027

Title            TREASURER, DIRECTOR  
Name            LOHFELD, HANS-ULRICH  
Address        320 S. FLAMINGO ROAD  
                  SUITE 225  
City-State-Zip: PEMBROKE PINES FL 33027

Title            SECRETARY  
Name            ZELKO, ROBERT  
Address        320 S. FLAMINGO ROAD  
                  SUITE 225  
City-State-Zip: PEMBROKE PINES FL 33027

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HANS-ULRICH LOHFELD

**TREASURER & DIRECTOR** 01/10/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date