2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005018

Entity Name: SOFASST, INC.

FILED Jan 09, 2004 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

1240 NW 74TH STREET

Current Mailing Address: New Mailing Address:

1240 NW 74TH STREET MIAMI, FL 331476428

MIAMI, FL 331476428

FEI Number: 65-0778418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SHELTON, JAMES E 4100 JACKSON ST HOLLYWOOD, FL 33021 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:

City-St-Zip:

Clastera is Circustrus of Devictors of August

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

HOLLYWOOD, FL 33021

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 LUKENS, MIKE
 Name:
 LUKENS, MIKE

 Address:
 320 NORTH WEST 36TH COURT
 Address:
 6645 JACQUES WAY

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:
 LAKE WORTH, FL 33463

Title: VD () Delete Title: () Change () Addition

 Name:
 SHELTON, JAMES E
 Name:

 Address:
 4100 JACKSON STREET
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 GRIFFIN, ROGER
 Name:
 SHELTON, PATRICIA A

 Address:
 10280 SW 111 ST.
 Address:
 4100 JACKSON STREET

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:
 HOLLYWOOD, FL 33021

Title: SD () Delete Title: () Change () Addition

 Name:
 CULP, THERESA
 Name:

 Address:
 5260 SW 4TH ST.
 Address:

 City-St-Zip:
 PLANTATION, FL 33317
 City-St-Zip:

Title: SA () Delete Title: SA (X) Change () Addition

 Name:
 BIRD, JANE
 Name:
 SHEPARD, TIM

 Address:
 2636 HARDING ST.
 Address:
 6220 NW 16TH COURT

 City-St-Zip:
 HOLLYWOOD, FL 33020
 City-St-Zip:
 SUNRISE, FL 33313

Title: D' () Delete Title: D (X) Change () Addition Name: O'GORMAN, STU Name: LAUTENSCHLAEGER, CHUCK Address: 1046 POLK ST. Address: 3842 NORTH CIRCLE DRIVE

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JAMES E. SHELTON VP 01/09/2004