2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N97000005018

Entity Name: SOFASST, INC.

Current Principal Place of Business:

1240 NW 74TH STREET
MIAMI, FL 331476428

New Principal Place of Business:

Current Mailing Address:

1240 NW 74TH STREET
MIAMI, FL 331476428

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	LUKENS, MIKE	
Address:	4084 CARDINAL ROAD	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	DV	( ) Delete
Name:	SHEPARD, TIM	
Address:	6220 NW 16TH COURT	
City-St-Zip:	SUNRISE, FL 33313	
Title:	DT	( ) Delete
Name:	SHELTON, JAMES E	
Address:	4100 JACKSON STREET	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	KORTLAND, JR, ROBERT	
Address:	582 WESTREE LANE	
City-St-Zip:	PLANTATION, FL 33324	
Title:	D	( ) Delete
Name:	SHEPARD, LOIS	
Address:	6220 NW 16TH COURT	
City-St-Zip:	SUNRISE, FL 33313	
Title:	D	( ) Delete
Name:	LAUTENSCHLAEGER, CHUCK	
Address:	3842 NORTH CIRCLE DRIVE	
City-St-Zip:	HOLLYWOOD, FL 33021	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	LEYLAND, ED	
Address:	1300 SW 120TH WAY	
City-St-Zip:	DAVIE, FL 33325	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: JAMES E SHELTON D/T 04/02/2009
Electronic Signature of Signing Officer or Director — Date