

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000011422

**Entity Name:** SOBEH INC

**Current Principal Place of Business:**

7855 NE 2ND AVE  
APT 1009  
MIAMI, FL 33138

**Current Mailing Address:**

7855 NE 2ND AVE  
APT 1009  
MIAMI, FL 33138

**FEI Number:** 82-3497101

**Certificate of Status Desired:** Yes

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

LAZARRE, GUETY MS.  
7855 NE 2ND AVE  
1009  
MIAMI, FL 33138 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  
Name            LAZARRE, GUETY MS.  
Address        7855 NE 2ND AVE  
                  APT 1009  
City-State-Zip: MIAMI FL 33138

Title            SECRETARY  
Name            MAGNY, GLORY GWENDOLYN  
Address        7855 NE 2ND AVE  
                  APT 1009  
City-State-Zip: MIAMI FL 33138

Title            MARKETING DIRECTOR  
Name            FRANCOIS, LINDSAY MS  
Address        965 NE 122ND STREET  
City-State-Zip: MIAMI FL

Title            MEDIA SPECIALIST  
Name            NOËLMA, FRANCKY SR.  
Address        4657 HARWICH STREET  
City-State-Zip: ORLANDO FL 32808

Title            FUNDRAISING DIRECTOR  
Name            FRANCOIS , MATOB MS  
Address        965 NE 122ND STREET  
City-State-Zip: MIAMI FL

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GUETY LAZARRE

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02/11/2021

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

\_\_\_\_\_  
Date