

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005018

Entity Name: SOFASST, INC.**Current Principal Place of Business:**6220 NW 16TH COURT
SUNRISE, FL 33313**Current Mailing Address:**6220 NW 16TH COURT
SUNRISE, FL 33313 US**FEI Number:** 65-0778418**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHEPARD, TIMOTHY
6220 NW 16TH COURT
SUNRISE, FL 33313 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:** SHEPARD, TIMOTHY

03/05/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SHEPARD, TIMOTHY
Address 6220 NW 16TH COURT
City-State-Zip: SUNRISE FL 33313

Title VP
Name BAXTER, BRETT
Address 3100 NW 114TH AVE
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name SHEPARD, KAREN
Address 6220 NW 16 COURT
City-State-Zip: SUNRISE FL 33313

Title SECRETARY
Name RIVERA, LORRI
Address 11610 SW 180TH STREET
City-State-Zip: MIAMI FL 33157

Title D
Name LAUTENSCHLAEGER, CHUCK
Address 3842 N CIRCLE DRIVE
City-State-Zip: HOLLYWOOD FL 33021

Title D
Name ESTRADA, RICHARD
Address 880 E 9TH STREET
City-State-Zip: HIALEAH FL 33010

Title DIRECTOR
Name SCERRI, IVAN
Address 3382 SE SUNTREE PLACE
City-State-Zip: STUART FL 34997

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: TIMOTHY SHEPARD

PRESIDENT

03/05/2016

Electronic Signature of Signing Officer/Director Detail

Date