

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000037962

**Entity Name:** SOFIMED, CORP

**Current Principal Place of Business:**

1818 SW 1ST AVE  
APT 1108  
MIAMI, FL 33129

**Current Mailing Address:**

1818 SW 1ST AVE  
APT 1108  
MIAMI, FL 33129 US

**FEI Number:** 47-3851206

**Certificate of Status Desired:** No

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

SOSA, ANDREA  
1818 SW 1ST AVE  
APT 1108  
MIAMI, FL 33129 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	P
Name	SOSA, ANDREA
Address	1818 SW 1ST AVE APT 1108
City-State-Zip:	MIAMI FL 33129

*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:** ANDREA SOSA

**PRESIDENT**

**03/22/2017**

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

\_\_\_\_\_  
Date