

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G72932

Entity Name: SILE SOLE, INC.

FILED  
Apr 02, 2009  
Secretary of State

## Current Principal Place of Business:

2520 NW 16 LANE  
SUITE 4  
POMPANO BEACH, FL 33064 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 50258  
SUITE # 4  
LIGHTHOUSE POINT, FL 33064 US

## New Mailing Address:

FEI Number: 59-2364049      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SINOVCIC, ANTE  
2124 N.E. 44 STREET  
LIGHTHOUSE POINT, FL 33064 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SINOVCIC, ANTE  
Address: 2124 NE 44 STREET  
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: V ( ) Delete  
Name: SINOVCIC, ANTHONY JR.  
Address: 905 SE 14TH CT  
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: ST ( ) Delete  
Name: SINOVCIC, MARC ANTHONY  
Address: 2124 N.E. 44 STREET  
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

## 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:

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

SIGNATURE: ANTHONY SINOVCIC

V/P

04/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date