

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# N01000006481

Entity Name: SOBERSOLUTION, INC.

Current Principal Place of Business:

2014 SOUTH FEDERAL HIGHWAY
B-102
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

2014 SOUTH FEDERAL HIGHWAY
B102
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 55-0805221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FINE, DAVID G
2014 SOUTH FEDERAL HIGHWAY
B 102
BOYNTON BEACH, FL 33435 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: D () Delete
Name: OCANO, BENJAMIN
Address: 381 NE 23RD WAY
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: CURRAN, ROBERT
Address: 381 NE 23RD WAY
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: CURRAN, MARY PAT
Address: 381 NE 23RD WAY
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PERRY, MAURA
Address: 2014 SOUTH FEDERAL HWY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D (X) Change () Addition
Name: FIERO, FRED
Address: 8751 SAND LAKE COURT
City-St-Zip: WESTERN LAKE WORTH, FL 33467

Title: D (X) Change () Addition
Name: FIERO, ALICIA
Address: 8751 SAND LAKE COURT
City-St-Zip: WESTERN LAKE WORTH, FL 33467

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: DAVID FINE

RA

01/25/2008

Electronic Signature of Signing Officer or Director

_____ Date