

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001249

FILED  
Feb 07, 2012  
Secretary of State

Entity Name: SOFI K9, INC.

**Current Principal Place of Business:**

450 ALTON RD #2907  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

450 ALTON RD #2907  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 27-1918892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: VP  
Name: KRAVITZ, SHELLEY  
Address: 450 ALTON RD #3602  
City-St-Zip: MIAMI BEACH, FL 33139

Title: P  
Name: THOMAS, MICHELLE D PH.D.  
Address: 450 ALTON RD #2907  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP  
Name: PROBUS, CARLA  
Address: 400 ALTON RD #1708  
City-St-Zip: MIAMI BEACH, FL 33139

Title: T  
Name: TRUJILLO, TONY  
Address: 1000 SOUTH POINTE DRIVE #2104  
City-St-Zip: MIAMI BEACH, FL 33139

Title: S  
Name: WYMAN, LARRY J  
Address: 50 SOUTH POINTE DRIVE #2703  
City-St-Zip: MIAMI BEACH, FL 33139

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: MICHELLE D. THOMAS

P

02/07/2012

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

\_\_\_\_\_  
Date