

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005018

FILED
Jan 04, 2005
Secretary of State

Entity Name: SOFASST, INC.

Current Principal Place of Business:

1240 NW 74TH STREET
MIAMI, FL 331476428

New Principal Place of Business:

Current Mailing Address:

1240 NW 74TH STREET
MIAMI, FL 331476428

New Mailing Address:

FEI Number: 65-0778418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHELTON, JAMES E
4100 JACKSON ST
HOLLYWOOD, FL 33021 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: DP () Delete
Name: LUKENS, MIKE
Address: 6645 JACQUES WAY
City-St-Zip: LAKE WORTH, FL 33463

Title: VD () Delete
Name: SHELTON, JAMES E
Address: 4100 JACKSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD () Delete
Name: SHELTON, PATRICIA A
Address: 4100 JACKSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD () Delete
Name: CULP, THERESA
Address: 5260 SW 4TH ST.
City-St-Zip: PLANTATION, FL 33317

Title: SA () Delete
Name: SHEPARD, TIM
Address: 6220 NW 16TH COURT
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: LAUTENSCHLAEGGER, CHUCK
Address: 3842 NORTH CIRCLE DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

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:

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 for the exemption stated in Section 119.07(3)(i), 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: JAMES E SHELTON

VD

01/04/2005

Electronic Signature of Signing Officer or Director

Date