## FOR PROFIT CORPORATION NUMBER OF THE CORPORATION OF

**SIGNATURE** 

02 JUL -8 AMII: 55 DOCUMENT # P000000 22979 SECRETARY OF STATE TALLAHASSEE, FLORIDA SOBE ELECTROLOGY, INC DO NOT WRITE IN THIS SPACE Principal Place of Business 3935 NW Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI miami Not Applicable \$8.75 Additional 5. Certificate of Status Desired DADE 7. Name and Address of Current Registered Agent FINANCIAL. Services. INC DO NOT WRITE IN THIS SPACE Zip Code 168 8. 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. RAMON PEREZ Signature, typed or printed name of registered agent and title if applicable January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee Is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11 OFFICERS AND DIRECTORS TITLE TITLE Patricia Browntee 13935 NW 154 AUG 100006325381 NAME NAME : STREET ADDRESS -07/11/02---01024---011 STREET ADDRESS CITY-ST-ZIP Minmi \*\*\*\*300.00 \*\*\*\*300.00 CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE time (marine) NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP I hereby certify that the information supplied with this filling does not qualify 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 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 in Block 11 or on an

SOBE ELECTROLOGY. INC 13935 NW 1<sup>ST</sup> AVENUE **MIAMI, FL 33168** TEL# 305-725-5744

TO WHOM IT MAY CONCERN.

\_I AM ADDRESSING MY SELE TO YOU, TO ADVISE YOU THAT THE RESSON WIY I HAVE NOT PAID MY ANNUAL REPORT FOR THE PAST TWO YEARS WAS DUE TO THE FACT THAT I WAS NOT AWARE A PAYMENT WAS DUE EVRY YEAR. DURING A RECENT TRANSACTION, MY ACCOUNTANT ADVISED ME, MY CORPORATION WAS NOT ACTIVE.

I APOLIGIZE FOR THE INCONVINENCE, PLEASE FORGIVE ME FOR IT WILL NEVER HAPPEN AGAIN. PLEASE EXECPT MY PAYMENT FOR THE TWO YEARS. IF YOU HAVE ANY QUESTIONS PLEASE CALL AT THE NUMBER ABOVE. SORRY FOR ANY INCONVIENANCE.

SINCERELY.

PATRICIA BRÓWNTEE SOBE ELECTROLOGY, INC