2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 05, 2009
Secretary of State

DOCUMENT# P00000023547

Entity Name: SOLE, INC.

Current Principal Place of Business:

8378 N.W. 56TH STREET
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

8378 N.W. 56TH STREET
DORAL, FL 33166

New Mailing Address:

FEI Number: 65-0992222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARDENAS, GABRIEL
14743 S.W. 48TH TERRACE
MIAMI, FL 33185 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: PD ( ) Delete
Name: CARDENAS, GABRIEL
Address: 14743 S.W. 48TH TERRACE
City-St-Zip: MIAMI, FL 33185

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CARDENAS, GABRIEL D MR
Address: 14743 S.W. 48TH TERRACE
City-St-Zip: MIAMI, FL 33185

Title: VP ( ) Change (X) Addition
Name: CHAVARRI, MANUELITA M MRS
Address: 14743 S.W. 48TH TERRACE
City-St-Zip: MIAMI, FL 33185

Title: VP ( ) Change (X) Addition
Name: TAPIAS, MARLINA E MS
Address: 5658 NW 113TH AVENUE
City-St-Zip: DORAL, FL 33178

Title: VP ( ) Change (X) Addition
Name: CARDENAS, MICHELLE A
Address: 5658 NW 113TH AVENUE
City-St-Zip: DORAL, FL 33178

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: GABRIEL CARDENAS PD 10/05/2009

Electronic Signature of Signing Officer or Director — Date