## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000076206

Entity Name: SOPHEX ENTERPRISES, INC.

**FILED** Mar 10, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1886 LEMAY DRIVE NE 91 MOHICAN WAY

PALM BAY, FL 32905 MELBOURNE BEACH, FL 32951

**Current Mailing Address: New Mailing Address:** 

1886 LEMAY DRIVE NE 91 MOHICAN WAY

PALM BAY, FL 32905 MELBOURNE BEACH, FL 32951

FEI Number: 59-3663660 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MOUTSATSOS, C RUSSELL 1886 LEMAY DŔIVE NE

91 MOHICAN WAY PALM BAY, FL 32905 MELBOURNE BEACH, FL 32951 US

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: 03/10/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

( ) Delete

## **OFFICERS AND DIRECTORS:**

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change ( ) Addition

MOUTSATSOS, C RUSSELL

MOUTSATSOS, C. RUSSELL MOUTSATSOS, C. RUSSELL Name:

Name: 1886 LEMAY DRIVE NE 91 MOHICAN WAY Address: Address:

City-St-Zip: PALM BAY, FL 32905 City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DVPS () Delete Title: **DVPS** (X) Change ( ) Addition

Name: MONTSATSOS, KELLY Name: MONTSATSOS, KELLY 1886 LEMAY DRIVE NE Address: 91 MOHICAN WAY Address:

PALM BAY, FL 32905 MELBOURNE BEACH, FL 32951 City-St-Zip: City-St-Zip:

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: C. RUSSELL MOUTSATSOS **DPT** 03/10/2009