## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 08:00 AM Secretary of State

1. Entity Name SOPPELSA INTERNATIONAL, INC.							•
Principal Place of Business	Mailing Addre	ess		1			
9572 SW 57TH ST MIAMI, FL 33173	9572 SW 57 MIAMI, FL 3						
DO NOT WRITE IN THIS SPA		IIC CDAC	· C	01222007	No Chg-P	CR2E034 (11	/05)
		INIS SPACE		4. FEI Numbe 65-107		-	Applied For Not Applicable
						¬ \$8.75	5 Additional
	of Current Registered Agen			5. Certificate	of Status Desired	Fee Re	equired
SOPPELSA, JANE 4572 SW 57 SR MIAMI, FL 33172			DO NOT WRITE IN THIS SPACE  red office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligations of registered agent.  SIGNATURE		•			h, in the State of Flo		with, and accept
Signature, typed or printed name of reg	pistered agent and little if applicable.	(NOTE: Registered A	gent signatura required	when reinstating)	- <del> </del>	DATE '	
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.		. •	\$5.00 May Be Added to Fees		U00000623588 02/13/07-80072-014 150.00		
<del></del>	ERS AND DIRECTORS			•			
NAME SOPPELSA, MICHAEL							
STREET ADDRESS 4572 SW 57 ST		ł					
CITY-ST-ZIP MIAMI, FL 33173							
TITLE							

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in section as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with the information indicated in the exemptions contained in Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with the information indicated in the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated in the indicated in the indicated in the contained in the indicated in the result in the indicated in the indicated

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

NAME STREET ADDRESS

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP TITLE

GNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M-29- 07

305-490-9030

Daytime Phone #