


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90021 009 \*\*\*150.00

<b>DOCUMENT # P01000056134</b> 1. Entity Name <b>SOCIALITE, INC.</b>					
Principal Place of Business <b>400 S.W. 107TH AVENUE 303 A SWEETWATER, FL 33174</b>			Mailing Address <b>400 S.W. 107TH AVENUE 303 A SWEETWATER, FL 33174</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-1116144</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>FRIAS, SONIA 12656 N.W. 7TH LANE MIAMI, FL 33182</b>				7. Name and Address of New Registered Agent Name <b>ROLANDO BLANCO</b> Street Address (P.O. Box Number is Not Acceptable) <b>585 W. 77 STREET</b> City <b>MIAMI</b> FL <b>33014</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Rolando Blanco</b> DATE <b>2/15/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PSD</b> <input type="checkbox"/> Delete NAME <b>FRIAS, SONIA</b> STREET ADDRESS <b>12656 N.W. 7TH LANE</b> CITY-ST-ZIP <b>MIAMI, FL 33182</b>			TITLE <b>PRESIDENT/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>FRIAS, SONIA</b> STREET ADDRESS <b>12656 NW 7TH LANE</b> CITY-ST-ZIP <b>MIAMI, FL 33182</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <b>VICE PRESIDENT/DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>BLANCO, ROBERTO</b> STREET ADDRESS <b>585 W. 77 STREET</b> CITY-ST-ZIP <b>MIAMI, FL 33014</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <b>SECRETARY/DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>BLANCO, ROLANDO</b> STREET ADDRESS <b>585 W. 77 STREET</b> CITY-ST-ZIP <b>MIAMI, FL 33014</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Rolando Blanco</b> DATE <b>2/15/05</b> DAYTIME PHONE # <b>305-362-0588</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					