2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90475 029 ***150.00

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1. Entity Name
SOCIALITE, INC.

Principal Place of Business	Mailing Address
400 S.W. 107TH AVENUE 303 A SWEETWATER, FL 33174	400 S.W. 107TH AVENUE 303 A SWEETWATER, FL 33174

07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1116144
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLANCO, ROLANDO
585 W 77 STREET
HIALEAH, FL 33014

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7. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

8. Election Campaign Financing *Trust Fund Contribution.* ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRIAS, SONIA
STREET ADDRESS	12656 NW 7 LANE
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	VPD
NAME	BLANCO, ROBERTO
STREET ADDRESS	585 W 77 STREET
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	SD
NAME	BLANCO, ROLANDO
STREET ADDRESS	585 W 77 STREET
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sonia Frias 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #