

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082817

FILED
May 02, 2011
Secretary of State

Entity Name: SOBOCYCLE, INC.

Current Principal Place of Business:

314 PEACON LANE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

314 PEACON LANE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-1133705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THEISEN, THOMAS
314 PEACON LANE
KEY WEST, FL 33040 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: PSTD
Name: THEISEN, THOMAS
Address: 314 PEACON LANE
City-St-Zip: KEY WEST, FL 33040

Title: PSTD
Name: THOMAS, THEISEN
Address: 314 PEACON LANE
City-St-Zip: KEY WEST, FL 33040

Title: PSTD
Name: THOMAS, THEISEN
Address: 314 PEACON LANE
City-St-Zip: KEY WEST, FL 33040

Title: PSTD
Name: THOMAS, THEISEN
Address: 314 PEACON LANE
City-St-Zip: KEY WEST, FL 33040

Title: PSTD
Name: THOMAS, THEISEN
Address: 314 PEACON LANE
City-St-Zip: KEY WEST, FL 33040

Title: PSTD
Name: THOMAS, WALTER THEISEN
Address: 314 PEACON LANE
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: TOM THEISEN

OWNE

05/02/2011

Electronic Signature of Signing Officer or Director

Date