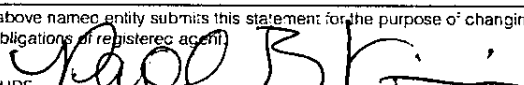
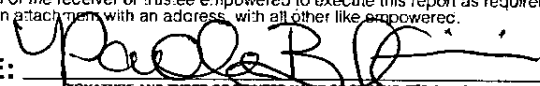


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90064 020 ***150.00

DOCUMENT # P02000085842 1. Entity Name SOFLA MARKETING, INC.																											
Principal Place of Business 6869 SOUTH WATERWAY DRIVE MIAMI, FL 33155		Mailing Address 6869 SOUTH WATERWAY DRIVE MIAMI, FL 33155																									
2. Principal Place of Business 6290 SW 42 TER Suite, Apt. #, etc.		3. Mailing Address 6290 SW 42 TER. Suite, Apt. #, etc.																									
City & State MIAMI, FL Zip 33155 Country USA		City & State MIAMI, FL Zip 33155 Country USA																									
4. FEI Number 38-3658585		Applied For ☐ No: Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BERNAT, PAOLA 6869 SOUTH WATERWAY DRIVE MIAMI, FL 33155		7. Name and Address of New Registered Agent Name BERNAT, PAOLA Street Address (P.O. Box Number is Not Acceptable) 6290 SW 42 TERRACE City MIAMI FL Zip Code 33155																									
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  DATE 1/14/2004 Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reappointing)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 2px;"> TITLE P NAME BERNAT, PAOLA STREET ADDRESS 6869 SOUTH WATERWAY DRIVE CITY-STATE-ZIP MIAMI, FL 33155 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE VP NAME POZO, MANUEL R STREET ADDRESS 6869 SOUTH WATERWAY DRIVE CITY-STATE-ZIP MIAMI, FL 33155 </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE P NAME BERNAT, PAOLA STREET ADDRESS 6869 SOUTH WATERWAY DRIVE CITY-STATE-ZIP MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE VP NAME POZO, MANUEL R STREET ADDRESS 6869 SOUTH WATERWAY DRIVE CITY-STATE-ZIP MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 1/14/2004 DAYTIME PHONE: 305-7404592																									