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	Mailing Address
6869 SOUTH WATERWAY DRIVE MIAMI, FL 33155	6869 SOUTH WATERWAY DRIVE MIAMI, FL 33155

01142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6290 SW 42TER	6290 SW 42TER.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL.
Zip: 33155 Country: USA	Zip: 33155 Country: USA

4. FEI Number 38-3658585 ☐ Applied For ☐ Not 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: [signature] Date: 1/14/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNAT, PAOLA 6869 SOUTH WATERWAY DRIVE MIAMI, FL 33155	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POZO, MANUEL R 6869 SOUTH WATERWAY DRIVE MIAMI, FL 33155	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 1/14/2004 305-740459 2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #