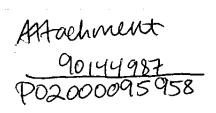
2003 FOR PROFIT CORPORATION

FILED Jul 21, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P02000095958 DOCUMENT # 07-21-2003 90123 006 ***150.00 1. Entity Name SOPHEE CORPORATION Principal Place of Business Mailing Address 2445 SOUTHWEST 18TH TERRACE STE 1107 2445 SOUTHWEST 18TH TERRACE STE 1107 FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Numbe Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE □ Delete Addition CIFUENTES, CESAR NAME NAME 2445 SOUTHWEST 18TH TERRACE STE 1107 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33315 CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7F CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

TI ATER PE Sichatune required SIGNATURE AND DIFFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



To whom it may concern:

I'm sending the original filing fee of \$150.00. I'm the president of Sophee Corporation. This is my first notice and I did NOT receive your original notice. I apologize for any convenience this has caused.

Please feel free to contact me with any questions or concerns.

Regards,

Cesar Cifuentes, President Sophee Corporation 954.761.1424 Office 954.336.6403 Mobile