


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 17, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P02000112613 1. Entity Name SOFT SERVE, INC.	
---	---

Principal Place of Business 22701 CAMINO DEL MAR #21 BOCA RATON, FL 33433	Mailing Address 22701 CAMINO DEL MAR #21 BOCA RATON, FL 33433
---	---

**DO NOT WRITE IN THIS SPACE**



08142007 No Chg-P CR2E034 (11/05)

4. FEI Number 46-0504255	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, MARC  
 8634 NW 59 PLACE  
 PARKLAND, FL 33067

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKS, RANDY J 22701 CAMINO DEL MAR #21 & 52 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKS, MARTIN J 22701 CAMINO DEL MAR #21 & 52 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKS, LUZ 22701 CAMINO DEL MAR #21 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000772245  
 08/17/07-80005-008 150.00

**DO NOT WRITE IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date: 8/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR