

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121807

FILED
Jan 19, 2009
Secretary of State

Entity Name: SOLE LEATHER, INC

Current Principal Place of Business:

11401 NW 12 ST
152
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

PO BOX 450309
SUNRISE, FL 33345

New Mailing Address:

FEI Number: 65-1160488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAFA, WALID A
11401 NW 12 ST
152
MIAMI, FL 33172 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAFA, WALID A
Address: PO BOX 450309
City-St-Zip: SUNRISE, FL 33345

Title: VP () Delete
Name: SAFA, MAISAR
Address: 2580 MAYFAIR LANE
City-St-Zip: WESTON, FL 33327

Title: 2-D () Delete
Name: SAFA, NAJAH
Address: 11401 NW 12 ST SUITE # 152
City-St-Zip: MIAMI, FL 33172

Title: 4-D () Delete
Name: SAFA, NADIA
Address: 11401 NW 12 ST SUITE # 152
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WALID A SAFA

P

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date