2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000133077

1. Entity Name
SOPHIA DEVELEPMENT CORPORATION

94027811

Principal Place of Business	Mailing Address
23109 AQUA VIEW UNIT #4 BOCA RATON, FL 33433	23109 AQUA VIEW UNIT #4 BOCA RATON, FL 33433

03082004   Chg-P   CR2E034 (10/03)

2. Principal Place of Business
1855 Waldorf Drive
Suite, Apt. #, etc.

3. Mailing Address
1855 Naldorf Drive
Suite, Apt. #, etc.

City & State: Royal Palm Beach
Zip: 33411   Country: US

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Zip: 33411   Country: US

4. FEI Number
57-1141792
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHIHADEH, FADY
23109 AQUA VIEW
UNIT #4
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1855 Waldorf Drive

City Royal Palm Beach   FL   Zip Code 33411

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 $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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P	☐ Change	☐ Addition
NAME	SHIHADEH, FADY		NAME	Shihadeh, Fady		
STREET ADDRESS	23109 AQUA VIEW UNIT #4		STREET ADDRESS	1855 Waldorf Drive		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	Royal Palm Beach FL 33411		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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   Daytime Phone #