

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029996

Entity Name: SOFLA HEALTHCARE, INC.

FILED
Jan 30, 2008
Secretary of State

Current Principal Place of Business:

10615 SW 136 CT
MIAMI, FL 33186

New Principal Place of Business:

5779 NW 116 AVENUE
#107
MIAMI, FL 33178

Current Mailing Address:

10615 SW 136 CT
MIAMI, FL 33186

New Mailing Address:

5779 NW 116 AVENUE
#107
MIAMI, FL 33178

FEI Number: 02-0682897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, LUIS MIGUEL
10615 SW 136 CT
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

GOMEZ, LUIS MIGUEL
5779 NW 116 AVENUE
#107
MIAMI, FL 33178 US

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

01/30/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: GOMEZ, LUIS MIGUEL
Address: 10615 SW 136 CT
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: GOMEZ, LUIS MIGUEL
Address: 5779 NW 116 AVENUE
City-St-Zip: MIAMI, FL 33178

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: LUIS MIGUEL GOMEZ

Electronic Signature of Signing Officer or Director

PCEO

01/30/2008

Date