

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111154

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: SOBESOFT CORPORATION

## Current Principal Place of Business:

P.O. BOX 970878  
MIAMI, FL 331979998 US

## New Principal Place of Business:

P.O. BOX 771494  
MIAMI, FL 33177 US

## Current Mailing Address:

P.O. BOX 970878  
MIAMI, FL 331979998 US

## New Mailing Address:

P.O. BOX 771494  
MIAMI, FL 33177 US

FEI Number: 20-0332393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERGUSON, CHARLES A JR  
10900 SW 196 STREET  
#225  
MIAMI, FL 33157 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: D ( ) Delete  
Name: FERGUSON, CHARLES A JR  
Address: 10900 SW 196 ST #225  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: WILLIAMS, KENYON P  
Address: 15859 SW 139 ST  
City-St-Zip: MIAMI, FL 33196

Title: D ( ) Delete  
Name: PAZOS, WADIH A  
Address: 15902 SW 141 ST  
City-St-Zip: MIAMI, FL 33196

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: KENYON WILLIAMS

D

04/30/2006

Electronic Signature of Signing Officer or Director

Date