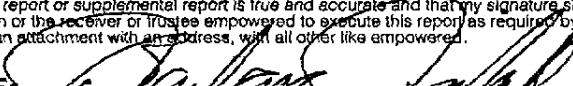


JUPITER, FL 32010

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000064313 1. Entity Name SOPHISTICATED SETTINGS, INC.			
Principal Place of Business 18368 126 TERRACE NORTH JUPITER, FL 33478		Mailing Address 18368 126 TERRACE NORTH JUPITER, FL 33478	
DO NOT WRITE IN THIS SPACE			
		04172006 No Chg-P CRZE034 (11/05)	
		4. FEI Number 20-1173383	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSEFYK, BARBARA 18368 126 TERRACE NORTH JUPITER, FL 33478		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 _____ Signature, typed or printed name of registered agent and title if applicable		DATE _____ (NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000516925 05/01/06-80024-008 150.00	
TITLE	P		
NAME	JOSEFYK, BARBARA		
STREET ADDRESS	18368 126 TERRACE NORTH		
CITY-ST-ZIP	JUPITER, FL 33478		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		4-16-06 501-740-83	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	