

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000077556

Entity Name: SOFIIG, INCORPORATED.

FILED
Oct 25, 2006
Secretary of State

Current Principal Place of Business:

407 LINCOLN ROAD
SUITE # 6F
MIAMI BEACH, FL 33139

New Principal Place of Business:

1874 SW 152ND WAY
MIRAMAR, FL 33027

Current Mailing Address:

2851 RIVER RUN TERRACE
MIRAMAR, FL 33025

New Mailing Address:

1874 SW 152ND WAY
MIRAMAR, FL 33027

FEI Number: 33-1122640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHASSAGNE, LORHIS MR.
407 LINCOLN ROAD
6F
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

CHASSAGNE, LORHIS MR.
1874 SW 152ND WAY
MIRAMAR, FL 33027 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: LORHIS CHASSAGNE

10/25/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHASSAGNE, LORHIS MR.
Address: 2851 RIVER RUN TERRACE
City-St-Zip: MIRAMAR, FL 33025

Title: VP () Delete
Name: SANON-JULES, YVES MR.
Address: 1860 SW. 68 AVE #129
City-St-Zip: MIRAMAR, FL 33023

Title: VP () Delete
Name: KERNIZANT, PATRICK MR.
Address: 15531 SW 130 CT.
City-St-Zip: MIAMI, FL 33187

Title: VP (X) Delete
Name: BOURDEAU, PATRICE MS.
Address: 2241 SW 130 TER.
City-St-Zip: MIRAMAR, FL 33027

Title: VP (X) Delete
Name: MENARD, EMMANUEL MR.
Address: 6121 SW 20 CT
City-St-Zip: MIRAMAR, FL 33023

Title: VP (X) Delete
Name: MATHURIN, RONALD MR.
Address: 3921 SW 157 AVE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHASSAGNE, LORHIS MR.
Address: 1874 SW 152ND WAY
City-St-Zip: MIRAMAR, FL 33027

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:

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: LORHIS CHASSAGNE

P

10/25/2006

Electronic Signature of Signing Officer or Director

Date