# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Apr 09, 2007**
**Secretary of State**

DOCUMENT# P06000154981

**Entity Name:** SOBE A, INC.

**Current Principal Place of Business:**

848 BRICKELL AVENUE
SUITE 700
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

848 BRICKELL AVENUE
SUITE 700
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number: 20-8220256** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURAI WALD BIONDO MORENO & BROCHIN, P.A.
TWO ALHAMBRA PLAZA
PENTHOUSE 1B
CORAL GABLES, FL 33134 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

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete
Name: ARDID, INIGO
Address: 848 BRICKELL AVENUE SUITE 700
City-St-Zip: MIAMI, FL 33131

Title: VTAS ( ) Delete
Name: ARDID, JOSE
Address: 848 BRICKELL AVENUE SUITE 700
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: ARDID, JOSE
Address: 848 BRICKELL AVENUE SUITE 700
City-St-Zip: MIAMI, FL 33131

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**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:

Title: VP ( ) Change (X) Addition
Name: ARDID, DIEGO
Address: 848 BRICKELL AVENUE SUITE 700
City-St-Zip: MIAMI, FL 33131

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: INIGO ARDID PS 04/09/2007

Electronic Signature of Signing Officer or Director — Date