

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000107346

Entity Name: SOFI THERAPIES, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

1111 LINCOLN ROAD
4TH FLOOR
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1111 LINCOLN ROAD
4TH FLOOR
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 80-0327815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYLER, WILLIAM
6700 GRIFFIN ROAD
SUITE G
DAVIE, FL 33314 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: P () Delete
Name: JORDAN, KAREN
Address: 1111 LINCOLN ROAD, 4TH FLOOR
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: S () Delete
Name: JORDAN, KAREN
Address: 1111 LINCOLN ROAD, 4TH FLOOR
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALDROP, KAREN
Address: 1111 LINCOLN ROAD, 4TH FLOOR
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: S (X) Change () Addition
Name: WALDROP, KAREN
Address: 1111 LINCOLN ROAD, 4TH FLOOR
City-St-Zip: MIAMI BEACH, FL 33139

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: KAREN M. WALDROP

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date