2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000015652

Entity Name: SOCEMCODE, INC.

FILED Jul 22, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

901 N. DIXIE HWY #1 LAKE WORTH, FL 33460

Current Mailing Address: New Mailing Address:

901 N. DIXIE HWY #1 LAKE WORTH, FL 33460

FEI Number: 27-2140451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ELOGE, FORD 901 N. DIXIE HWY #1 LAKE WORTH, FL 33460 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title:

 Name:
 ELOGE, FORD

 Address:
 901 N. DIXIE HWY #1

 City-St-Zip:
 LAKE WORTH, FL 33460

Title: E

Name: MATHIAS, PAUL

Address: 5956 DEERFIELD PLACE City-St-Zip: GREENACRES, FL 33463

Title: F

Name: BARTHELEMY, ROODY
Address: 145 STARLING AVENUE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: 0

Name: CADEVIL, LAVAUD S Address: 5, RUE NEUVE

City-St-Zip: DESSALINES, HA HT06512

Title: F

Name: JOSEPH, FEDELINE Address: 2314 TABARRE

City-St-Zip: PORT-AU-PRINCE, HA HT0634

I hereby 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 all other like empowered.

SIGNATURE: FORD ELOGE D 07/22/2011