

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P27659 1. Entity Name SOPHIL, INC.	
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Principal Place of Business 2430 GULFSTREAM LANE FORT LAUDERDALE, FL 33312	Mailing Address 2430 GULFSTREAM LANE FORT LAUDERDALE, FL 33312
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DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number 66-0403845	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALLEMAND, PHILIPPE 2430 GULFSTREAM LANE FT LAUDERDALE, FL 33312

**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. (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALLEMAND, PHILIPPE 2P BJERGE GADE ST THOMAS VIRGIN ISL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ALLEMAND-VILLEDIEU, S. 2P BJERGE GADE ST THOMAS VIRGIN ISL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINERT, HELENE 8B W. WINTBERG ST THOMAS VIRGIN ISL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/05-80046-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/3/05 Date	954 5831238 Daytime Phone #
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