

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P27659**

1. Entity Name  
**SOPHIL, INC.**



Principal Place of Business  
**2430 GULFSTREAM LANE  
FORT LAUDERDALE, FL 33312**

Mailing Address  
**2430 GULFSTREAM LANE  
FORT LAUDERDALE, FL 33312**



04172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**66-0403845**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**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.
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**DO NOT WRITE  
IN THIS SPACE**

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05/02/07-80007-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

**SIGNATURE:** Philippe Allemand, dir. **4/17/07** **954 583 1238**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #