

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000062323

Entity Name: A TOUCH OF TRADITION, INC.

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3585 NE 207TH STREET  
C2  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3585 NE 207TH STREET  
C2  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 65-0514341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOFFER, EZRA  
3408 NE 210TH LANE  
N. MIAMI BEACH, FL 33180 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: VP  
Name: SOFFER, EZRA  
Address: 3408 NE 210TH LANE  
City-St-Zip: N. MIAMI BEACH, FL 33180

Title: P  
Name: SOFFER, ALEGRIA  
Address: 3408 NE 210TH LANE  
City-St-Zip: N. MIAMI BEACH, FL 33180

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: EZRA SOFFER

VP

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date