FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90201 012 \*\*\*150.00

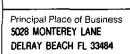
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2003	<b>FOR</b>	PROFIT (	CORPORAT	<b>LION</b>
UNIFO	RM B	USINESS	REPORT	(UBR)

P98000106675 DOCUMENT #

1. Entity Name

SOFIA OF SOUTH FLORIDA, INC.



Mailing Address **5028 MONTEREY LANE** DELRAY BEACH FL 33484

-	100										
2. Principal P	Place of Busin	ess ·	3. Mailing Address				-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.	FEI Number <b>65-0897233</b>	<u> </u>	oplied For		
Zip	_	Country	Zip	Zip Coun		5.	5. Certificate of Status Desired S8.75 Additional Fee Required				
·	6. Name	and Address of Current	Registered Agent -			7. Name and Address of New Registered Agent					
					Name						
OHLIN, CHRISTINE (1) (2)				Street Address (P.O. Box Number is Not Acceptable)							
440 EAST SAMPLE ROAD #202					Street Address (P.O. Box Nortiger is Not Acceptable)						
POMPANO	:BEACH FI	L 33064				··					
<u> </u>	,	A 🖟						T=:-			
		4			City		FL	Zip Cod	ie		
8. The above	named entity	submits this statement for	or the purpose of changing	its registere	ed office or	registered ag	ent, or both, in the State of Florida. I am	familiar with,	and accept		
the obligat	ions of regist	ered agent.					•				
OLONGATURE		*									
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if applicable. (i	NOTE: Registere	d Agent signatu	re required when re	einstating) DATE	"			
		! FEE IS \$150.00	,	~			9. Election Campaign Financing	\$5.0	May Be		
		3 Fee will bé \$550.00 Florida Department o	f State				Trust Fund Contribution.		to Fees		
	- Tuyable to						DOLLAR OF THE SECOND AND THE SECOND	DIRECTOR			
10.	PTD	OFFICERS AND		11.		AL	DITIONS/CHANGES TO OFFICERS AND				
TITLE	BARAKOS	LOUIA	Delete	TITLE				☐ Change	☐ Addition		
NAME STREET ADDRESS		TEREY LANE		NAM	ET ADDRESS				ľ		
CITY-ST-ZIP		EACH FL 33484			-ST-ZIP						
		DIOTTE GOTOT	<u> </u>								
TITLE NAME	SVD Keriazis,	VOLILA	☐ Delete	TITLE	1			☐ Change	Addition		
STREET ADDRESS		TEREY LANE		NAMI	ET ADDRESS						
CITY-ST-ZIP		EACH FL 33484			-ST-ZIP						
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TITLE			☐ Delete	TITLE				☐ Change	☐ Addition		
NAME			Dolotto	NAME	j			5.101195			
street address					ET ADDRESS						
CHTY-ST-ZIP				CITY-	-ST-ZIP				1		

12. I hereby certify that the information supplied with this filling 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 all either like empowered.

**SIGNATURE:**