

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S77066

Entity Name: TSOFIM, INC.

FILED
Mar 05, 2004
Secretary of State

Current Principal Place of Business:

814 PONCE DE LEON BLVD., #402
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

814 PONCE DE LEON BLVD., #402
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0279925 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRELITZ, BRIAN L
814 PONCE DE LEON BLVD #402
MIAMI, FL 33134

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: STRELITZ, BRIAN L.
Address: 814 PONCE DE LEON BLVD #402
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: STRELITZ, BRIAN L.
Address: 814 PONCE DE LEON BLVD #402
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BRIAN L. STRELITZ

PRES

03/05/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date