

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004486

**FILED**  
**Mar 14, 2015**  
**Secretary of State**  
**CC0512489115**

**Entity Name:** THE SOBE ROOM, INC.

**Current Principal Place of Business:**

1718 BAY ROAD  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1718 BAY ROAD  
MIAMI BEACH, FL 33139

**FEI Number:** 65-0940992

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            BRONIS, RICK APRES.  
Address        1718 BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33129

Title            VP  
Name            APPEL, MIKE  
Address        1718 BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33139

Title            TRES  
Name            GELLER, DAVID TREAS  
Address        1718 BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33140

Title            SECT  
Name            WEBB, RONALD ASECT  
Address        1718 BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33139

Title            DIR  
Name            MADDOX, CHAD  
Address        1718 BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33139

Title            DIRECTOR  
Name            PARIS, MOLLY  
Address        1718 BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33139

Title            DIRECTOR  
Name            STAKER, AMY  
Address        1718 BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33139

Title            DIRECTOR  
Name            SMITH, NICK  
Address        1718 BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33139

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID GELLER**

**TREASURER**

**03/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date