

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003942

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: SOUTH FLORIDA STATE CORPORATION

## Current Principal Place of Business:

P.O. BOX 810904  
BOCA RATON, FL 33481

## New Principal Place of Business:

6100 GLADES ROAD  
SUITE 213  
BOCA RATON, FL 33434

## Current Mailing Address:

P.O. BOX 810904  
BOCA RATON, FL 33481

## New Mailing Address:

6100 GLADES ROAD  
SUITE 213  
BOCA RATON, FL 33434

FEI Number: 98-0057741

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDREONI, STEPHANIE  
6100 GLADES RD., STE 213  
BOCA RATON, FL 33434 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHENG, JOHN C  
Address: 111 FIRST STREET  
City-St-Zip: EL CARMEN PANAMA,

Title: T ( ) Delete  
Name: NOBLESILLA, AUGUSTO S  
Address: 111 FIRST STREET  
City-St-Zip: EL CARMEN, PA

Title: S ( ) Delete  
Name: DE GUERARA, IDA E  
Address: 111 FIRST STREET  
City-St-Zip: EL CARMEN PANAMA,

Title: RA ( ) Delete  
Name: CHENG, JESSICA C  
Address: 111 FIRST STREET  
City-St-Zip: EL CARMEN, PA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEPHANIE ANDREONI

ASST

04/22/2005

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

\_\_\_\_\_  
Date