2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# F94000003942

Entity Name: SOUTH FLORIDA STATE CORPORATION

Current Principal Place of Business:

6100 GLADES ROAD
SUITE 213
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

6100 GLADES ROAD
SUITE 213
BOCA RATON, FL 33434

New Mailing Address:

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

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 (X) 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: T (X) Change ( ) Addition
Name: DE CHENG, ELSA ESCARTIN
Address: 111 FIRST STREET
City-St-Zip: EL CARMEN, PA

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 Chapter 119, 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 RA 05/01/2006

Electronic Signature of Signing Officer or Director — Date