

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90058 009 ***150.00

DOCUMENT # H91248

1. Entity Name
SOUTH FLORIDA ENERGY, INC.



Principal Place of Business
MARKOWITZ FENELON & BANK, LLP
300 PANTIGO PLACE, SUITE 109
EAST HAMPTON, NY 11937

Mailing Address
MARKOWITZ FENELON & BANK, LLP
300 PANTIGO PLACE, SUITE 109
EAST HAMPTON, NY 11937

50009641



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0001794

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required.**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FENELON, DAVID
% SHAW AERO DEVICES
12291 TOWNE LAKE DRIVE
FT. MYERS, FL 33913

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
VOULIERIS, MICHAEL
605/4060 Ste-Catherine St. W,
Westmount, Que. Canada

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
TERYAZOS, LEONTIS
605/4060 Ste-Catherine St. W.
Westmount, Que. Canada

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 JAN 2005

Date

Daytime Phone #