

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90046 036 ***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
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2. Principal Place of Business - No P.O. Box # MARKOWITZ, FENELON & BANK, LLP	3. Mailing Address MARKOWITZ, FENELON & BANK, LLP
Suite, Apt. #, etc. 78 WHITE STREET	Suite, Apt. #, etc. 78 WHITE STREET
City & State SOUTHAMPTON, NY	City & State SOUTHAMPTON, NY
Zip 11968--	Country USA

40006400



01072008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0001794	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FENELON, DAVID % SHAW AERO DEVICES 12291 TOWNE LAKE DRIVE FT. MYERS, FL 33913

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	STD ☐ Delete
NAME	VOULIERIS, MICHAEL
STREET ADDRESS	4060 STE CATHERINE STREET WEST, SUITE 605
CITY - ST - ZIP	WESTMOUNT, QUEBEC CANADA, h3z 2z3
TITLE	V ☐ Delete
NAME	TERYAZOS, LEONTIS
STREET ADDRESS	4060 STE CATHERINE ST WEST, STE 605
CITY - ST - ZIP	WESTMOUNT, QUEBEC, CANADA, h3z 2z3
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

111 JAN 2008

Date Daytime Phone #