


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # K10175

1. Entity Name
S.F.A., INC.



Principal Place of Business 7777 GLADES RD. SUITE 310 BOCA RATON, FL 33434	Mailing Address 7777 GLADES RD. SUITE 310 BOCA RATON, FL 33434
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0108870	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHMIER, ROBERT J.
 7777 GLADES RD.
 SUITE 310
 BOCA RATON, FL 33434**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1000000519072
 05/02/06-80037-020 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIER, ROBERT J. 7777 GLADES RD., STE.310 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FEURRING, DOUGLAS R. 7777 GLADES RD., STE.310 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPEZ, KATHRYN A. 7777 GLADES RD, STE 310 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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
Robert J. Schmier, Pres.

4-13-06 (Seal) 4838400
 Date Daytime Phone #