

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L19073

FILED  
Apr 04, 2007  
Secretary of State

**Entity Name:** S.H. FLORIDA INVESTMENT CORPORATION

**Current Principal Place of Business:**

100 NORTH WILKES BARRE BLVD  
WILKES BARRE, PA 18702

**New Principal Place of Business:**

249 ROYAL PALM WAY  
STE 303J  
PALM BEACH, FL 33480

**Current Mailing Address:**

100 NORTH WILKES BARRE BLVD  
4TH FLOOR  
WILKES BARRE, PA 18702

**New Mailing Address:**

**FEI Number:** 52-1647392      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PD ( ) Delete  
Name: HOLTZMAN, SEYMOUR  
Address: 249 ROYAL PALM WAY #303JK  
City-St-Zip: PALM BEACH, FL 33480

Title: SD ( ) Delete  
Name: SCIANDRA, MARIA  
Address: 100 N. WILKES BARRE BLVD  
City-St-Zip: WILKES BARRE, PA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MARIA SCIANDRA

SD

04/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date