

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001988

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: IAMCP - SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

17766 94TH STREET NORTH  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

18503 PINES BLVD, SUITE 213  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

PO BOX 221494  
WEST PALM BEACH, FL 33422

**New Mailing Address:**

FEI Number: 20-2394585      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SWERDLOFF, HOWARD  
17766 94TH STREET NORTH  
LOXAHATCHEE, FL 33470      US

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

PEREZ, HUGO G  
18503 PINES BLVD, SUITE 213  
PEMBROKE PINES, FL 33029      US

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: HUGO G PEREZ

04/16/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: MCKEEN, JIM  
Address: 6301 NW 5TH WAY; SUITE 1700  
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: VP      ( ) Delete  
Name: SWERDLOFF, HOWARD  
Address: 17766 94TH STREET NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: T      ( ) Delete  
Name: CHERYL, BOXIE-SCOTT  
Address: PO BOX 221494  
City-St-Zip: WEST PALM BEACH, FL 33422 US

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

Title: P      (X) Change ( ) Addition  
Name: PEREZ, HUGO G  
Address: 18503 PINES BLVD, SUITE 213  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP      (X) Change ( ) Addition  
Name: SASTRE, JON J  
Address: 200 S.E. 1ST ST., SUITE 500  
City-St-Zip: MIAMI,, F 33131 US

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL BOXIE SCOTT

TREA

04/16/2008

Electronic Signature of Signing Officer or Director

Date