

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010569

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: SOUTH FLORIDA FREEDIVERS INC

**Current Principal Place of Business:**

5851 SW 87TH STREET  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

5851 SW 87TH STREET  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

SCHMIDT, MICHAEL M  
5851 SW 87TH STREET  
MIAMI, FL 33143 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

**OFFICERS AND DIRECTORS:**

Title: P                      ( ) Delete  
Name: SCHMIDT, MICHAEL M  
Address: 5851 SW 87TH STREET  
City-St-Zip: MIAMI, FL 33143

Title: VP                      ( ) Delete  
Name: GONZALEZ, EDWIN  
Address: 2301 SW 27TH AVE. # 1304  
City-St-Zip: MIAMI, FL 33145

Title: T                      ( ) Delete  
Name: FERNANDEZ, JOE L  
Address: 6380 SW 63RD TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: TA                      ( ) Delete  
Name: KEARNS, JACK  
Address: 9440 SW 120 ST  
City-St-Zip: MIAMI, FL 33176

Title: S                      ( ) Delete  
Name: ARMSTRONG, CARLOS M  
Address: 3425 COLLINS AVE. SUITE 1215  
City-St-Zip: MIAMI BEACH, FL 33140

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

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

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

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

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 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: MICHAEL SCHMIDT

P

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date