


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N45206**

1. Entity Name  
 SOUTH FLORIDA COMPLIANCE ASSOCIATION, INC.



Principal Place of Business  
 C/O HEMISPHERE BANK, LARRY GOLDBERG  
 8600 NW 36 STREET  
 MIAMI, FL 33166 US

Mailing Address  
 C/O ROBERT F MAHONEY P A  
 7777 GLADES RD SUITE 209  
 BOCA RATON, FL 33434

**DO NOT WRITE IN THIS SPACE**



02042004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 65-0428320  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAHONEY, ROBERT F PA  
 7777 GLADES ROAD SUITE 209  
 BOCA RATON, FL 33434

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

Filing Fee is **\$61.25** Due by **May 1, 2004**

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

U00000034184  
 03/22/04-80049-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TANIS, PEG 7777 GLADES RD STE 209 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GOLDBERG, LARRY 8600 NW 36 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOVACK, BEVERLY 7777 GLADES RD STE 209 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:  **LARRY GOLDBERG** 3/5/04 305344-5327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_