

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90080 010 ****61.25

DOCUMENT # N99000007321			
1. Entity Name SOUTH FLORIDA TECHNOLOGY ALLIANCE, INC.			
Principal Place of Business 1430 MILAN AVENUE CORAL GABLES FL 33134		Mailing Address P.O. BOX 347876 CORAL GABLES FL 33234	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent LUTZ, MARLI 1430 MILAN AVENUE CORAL GABLES FL 33134				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTERSON, THOMAS		NAME	Joel Ledlow	
STREET ADDRESS	851 W CYPRESS CIRLE RD		STREET ADDRESS	2000 W Commercial BLVD #200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAMP, MARK		NAME	Bruce Sinclair	
STREET ADDRESS	770 NORTHPOINT PKWY #100		STREET ADDRESS	5201 Blue Lagoon DR #823	
CITY-ST-ZIP	WEST PALM BEACH FL 33407		CITY-ST-ZIP	miami, FL 33124	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEYRA, ANNABEL		NAME	Alan Penchansky	
STREET ADDRESS	1607 PONCE DE LEON BLVD		STREET ADDRESS	299 Alhambra Plaza #207	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLOIN, BILL		NAME		
STREET ADDRESS	450 E LAS OLAS BLVD #750		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Bill McGloin* 4/6/04 (954) 462-4798
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #