

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007321

FILED
Apr 11, 2006
Secretary of State

Entity Name: SOUTH FLORIDA TECHNOLOGY ALLIANCE, INC.

Current Principal Place of Business:

1430 MILAN AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 347876
CORAL GABLES, FL 33234

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:

LUTZ, MARLI
1430 MILAN AVENUE
CORAL GABLES, FL 33134 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: LEDLOW, JOEL
Address: 1318 SW 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33432

Title: V () Delete
Name: VAZQUEZ, DEBORAH
Address: 5805 BLUE LAGOON DR #150
City-St-Zip: MIAMI, FL 33126

Title: S () Delete
Name: BATES, ELIZABETH
Address: 6142 NW 53RD STREET
City-St-Zip: CORAL SPRINGS, FL 33067

Title: T () Delete
Name: MCGLOIN, BILL
Address: 450 E LAS OLAS BLVD #750
City-St-Zip: FT LAUDERDALE, FL 33301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NELSON, BRIAN
Address: 350 EAST LAS OLAS BLVD #1150
City-St-Zip: FT. LAUDERDALE, FL 33301

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

Title: S (X) Change () Addition
Name: CASANAVE, CHIP
Address: 14000 SW 119TH AVE
City-St-Zip: MIAMI, FL 33186

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

Title: D () Change (X) Addition
Name: LUTZ, MARLI
Address: 1430 MILAN AVE
City-St-Zip: CORAL GABLES, FL 33134

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLI LUTZ

D

04/11/2006

Electronic Signature of Signing Officer or Director

_____ Date