## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT #767027** 

## **FILED** Mar 10, 2008 8:00 am Secretary of State

03-10-2008 90055 001 \*\*\*\*61.25

1. Entity Nam INVENTO		EIETY OF SOUTH F	LORIDA, INC.						
3220 SW 15 STREET PO E Deerfield Beach, FL 33442 US <del>800</del>			DOYNTON DEADTED	0 BOX <del> 211886.</del> 600 8 <del>9YNTON BEAGREED 38494 4286.</del> US					
		N. Pô P.	Delray Bea	ch FL 334	82				
			3. Mailing Address	alling Address			I BIBI BIBU BIBU BIBU BIBU BIBU	KWIRI DI NADI	
			Suite, Apt. #, etc.			Chg-NP	CR2E037 (12/06)		
City & State (			City & State	City & State		er <b>7428</b>		pplied For ot Applicable	
Zip Country		Zip	Country	5. Certificate	of Status Desired	S8.75 Ad Fee Require			
6. Name and Address of Current Registere			Registered Agent		7. Name and	Address of New F	Registered Agent		
RI (IM ALVIN					- Name Albert L. Newman				
BLUM, ALVIN 2350 DEL MAR PLACE FORT LAUDERDALE, FL 33301				Street Ad	Street Address (P.O. Box Number is Not Acceptable) 13609 Whippet Way E.				
				City <b>D</b>	elray B	each	FL Zip Cox	84	
	named entit tions of regist		r the purpose of changing its	registered office or	registered agent, or bo	th, in the State of Fl	orida. 1 am familiar with	, and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Realstered Agent signatu	re required when reinstating)	<del></del> -	DATE		
	_	e is \$61.25 flay 1, 2008		mpaign Financing	\$5.00 May to Added to Fees	Flor	lake check payable rida Department of S		
10.	Due by R		Trust Fund (	mpaign Financing	\$5.00 May 6 Added to Fees	Flo	rida Department of S	N 10	
TITLE	Due by N	OFFICERS AND DIF	Trust Fund (	mpaign Financing Contribution.	\$5.00 May 6 Added to Fees	Flo	rida Department of S	itate	
TITLE NAME	Due by N D BLUM, AL	OFFICERS AND DIF	Trust Fund (	mpaign Financing Contribution.  11.  TITLE NAME	\$5.00 May 6 Added to Fees	Flo	rida Department of S	N 10	
TITLE	Due by R D BLUM, AL 2350 DEL	OFFICERS AND DIF	Trust Fund (	mpaign Financing Contribution.	\$5.00 May 6 Added to Fees	Flo	rida Department of S	N 10	
TITLE NAME STREET ADDRESS	Due by R D BLUM, AL 2350 DEL	OFFICERS AND DIF	Trust Fund (	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS	\$5.00 May 6 Added to Fees	Flo	rida Department of S	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by N BLUM, AL 2350 DEL FORT LAI	OFFICERS AND DIF	Trust Fund (	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May 6 Added to Fees	Flo	rida Department of S	State :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DUB BLUM, AL 2350 DEL FORT LAI S ZAREMB, 5605 NW	OFFICERS AND DIF LVIN . MAR PL UDERDALE, FL 33301 A, JOANNA A	Trust Fund (	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May 6 Added to Fees	Flo	rida Department of S	State :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUE by NO DELLOW, AL 2350 DELLOW, FORT LAIS ZAREMB. 5605 NW TAMARAI	OFFICERS AND DIF LVIN . MAR PL UDERDALE, FL 33301	Trust Fund (	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May 6 Added to Fees	Flo	rida Department of S	N 10 Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DUE by NO DELLOW, AL 2350 DELLOW, FORT LAIS ZAREMB. 5605 NW TAMARAID	OFFICERS AND DIF LVIN MAR PL UDERDALE, FL 33301 A, JOANNA A 49TH AVE C, FL 33319	Trust Fund (	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May 6 Added to Fees	Flo	rida Department of S	State :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUE by NO DELLOUGHLI	OFFICERS AND DIF LVIN . MAR PL UDERDALE, FL 33301 A, JOANNA A	Trust Fund (	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May 6 Added to Fees	Flo	rida Department of S	N 10 Addition Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_

Albert L. Newman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 495-7399