

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 185738

FILED
Jan 23, 2008
Secretary of State

Entity Name: SOUTH FLORA LAND DEVELOPMENT CORP.

Current Principal Place of Business:

1844 NO. NOB HILL RD.
PMB #614
PLANTATION, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

1844 NO. NOB HILL RD
PMB#614
PLANTATION, FL 33322 US

New Mailing Address:

1844 NO. NOB HILL RD.
PMB #614
PLANTATION, FL 33322 US

FEI Number: 13-6115429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESLIE, JEFFREY S
1844 NO. NOB HILL RD.
PMB #614
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

KUSHNER, MANUEL
777 S. FLAGLER DR.
900W
WEST PALM BEACH, FL 33401 US

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: MANUEL KUSHNER

01/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: JEFF, LESLIE
Address: 1844 NO. NOB HILL RD. PMB #614
City-St-Zip: PLANTATION, FL 33322

Title: D () Delete
Name: REY-MILLET, YVES-JAC, QUES
Address: GEORGE TOWN
City-St-Zip: GRAND CAYMAN ISLD WI,

Title: SD () Delete
Name: WESTERLIND, DOREEN
Address: 1844 NO. NOB HILL RD. PMB#614
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PSD (X) Change () Addition
Name: WESTERLIND, DOREEN
Address: 1844 NO. NOB HILL RD. PMB#614
City-St-Zip: PLANTATION, FL 33322

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

SIGNATURE: DOREEN A WESTERLIND

PSD

01/23/2008

Electronic Signature of Signing Officer or Director

Date