2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 258164

Entity Name: SFADA TAG AGENCY, INC

FILED Feb 09, 2009 Secretary of State

•		,				
Current Principal Place of Business:				New Principal Place of Business:		
625 NE 124 NORTH MI	4 ST. AMI, FL 33161	1 US				
Current Mailing Address:				New Mailing Address:		
625 NE 124 NORTH MI	4 ST. AMI, FL 33161	1 US				
FEI Number:	59-0971165	FEI Number Applied For ()	FEI Num	ber Not Appli	icable ()	Certificate of Status Desired (X)
Name and	Address of C	urrent Registered Agent:	:	Name and	Address o	of New Registered Agent:
BAKER, RI 625 NE 124 MIAMI, FL	4 ST. 33161 US	when its this statement for the	oo nurnoso of	ohonging it	to registere	d office or registered agent or both
in the State	of Florida.	Submits this statement for tr	ie purpose oi	changing it	is registere	d office or registered agent, or both,
SIGNATUF	RE:					
	Electron	ic Signature of Registered.	Agent			Date
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS	AND DIRECT	rors:		ADDITION	S/CHANG	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	C () FEIL, GARY 1000 KANE CON BAY HARBOUR,			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	ST () AHMED, FAISAL 2100 N. STATE HOLLYWOOD, I	RD 7		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	P () BAKER, RICHAF 625 NE 124 ST N MIAMI, FL 33			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D () RIVCHIN, JAY 16501 S DIXIE I MIAMI, FL 3315			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D () MARTELL, HENI 8505 NW 12 ST MIAMI, FL 3312			Title: Name: Address: City-St-Zip:	D MARTELL, I 8505 NW 12 MIAMI, FL	2 ST
Title: Name: Address: City-St-Zip:	D () SCHUMACHER, 3720 NORTHLA LAKE PARK, FL	KE BLVD		Title: Name: Address: City-St-Zip:	D GLENN, GA 911 NE 2ND FT. LAUDER	

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: RICHARD A BAKER P 02/09/2009