

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702341

FILED  
Jan 17, 2005  
Secretary of State

Entity Name: SOUTH FLORIDA MANUFACTURERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1000 WEST MCNAB ROAD  
SUITE 111  
POMPANO BEACH, FL 330694719

**New Principal Place of Business:**

1000 WEST MCNAB ROAD  
SUITE 309  
POMPANO BEACH, FL 330694719

**Current Mailing Address:**

1000 WEST MCNAB ROAD  
SUITE 111  
POMPANO BEACH, FL 330694719

**New Mailing Address:**

1000 WEST MCNAB ROAD  
SUITE 309  
POMPANO BEACH, FL 330694719

FEI Number: 59-0936969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALCOM, BILL  
% ADAIR, FULLER, WITCHER & MALCOM, P.A.  
100 WEST CYPRESS CREEK ROAD, SUITE 1045  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

MALCOM, BILL  
% MALCOM & BAKER, CPA'S & ASSOCIATES  
1280 SW 36TH AVENUE, #200  
POMPANO BEACH, FL 33069 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: BILL MALCOM

01/17/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: GIL, AUGUSTO  
Address: 815 WEST 20TH AVE  
City-St-Zip: HIALEAH, FL 33014

Title: D ( ) Delete  
Name: ZUCKER, MEL  
Address: 6630 NW 16TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: P ( ) Delete  
Name: WOLFE, JUNE,  
Address: 1000 W MCNAB RD 111  
City-St-Zip: POMPANO BCH., FL

Title: TD ( ) Delete  
Name: ISZLER, TIMOTHY  
Address: 350 E LAS OLAS BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: JON, SCHNEIDER  
Address: 2400 NW 55TH CT., #239  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D (X) Change ( ) Addition  
Name: ZUCKER, MEL  
Address: 6630 NW 16TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: P (X) Change ( ) Addition  
Name: WOLFE, JUNE,  
Address: 1000 W MCNAB RD 309  
City-St-Zip: POMPANO BCH., FL

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JON SCHNEIDER

CD

01/17/2005

Electronic Signature of Signing Officer or Director

Date