

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702341

FILED  
May 01, 2009  
Secretary of State

Entity Name: SOUTH FLORIDA MANUFACTURERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1000 WEST MCNAB ROAD  
SUITE 309  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

1000 WEST MCNAB ROAD  
SUITE 309  
POMPANO BEACH, FL 33069

**New Mailing Address:**

FEI Number: 59-0936969      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GLATZ, DAN  
CORPORATE CREATIONS INT'L. INC  
941 FOURTH STREET  
MIAMI BEACH, FL 33139 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: CD ( ) Delete  
Name: KENNEDY, TOM  
Address: 1741 NW 33RD ST  
City-St-Zip: POMPANO BEACH, FL 33064

Title: VCD ( ) Delete  
Name: PERROTTI, ROBERT  
Address: 1551 SOUTH 30TH AVE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: P ( ) Delete  
Name: WOLFE, JUNE  
Address: 1000 W MCNAB ROAD, SUITE 309  
City-St-Zip: POMPANO BEACH., FL 33069

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

Title: VCD (X) Change ( ) Addition  
Name: JAKUBOWSKI, DONALD  
Address: 1551 SOUTH 30TH AVE  
City-St-Zip: POMPANO BEACH,, FL 33069

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

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

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

SIGNATURE: JUNE WOLFE

P

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date