2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCHMENT # 728553 THE STA

FILED Feb 07, 2008 8:00 am Secretary of State

1. Entity Name THE ARCHAEOLOGICAL SOCIETY OF SOUTHERN FLORIDA, INC.							02	2-07-2008 9	90014 01	l6 ****6l.	25	
2495 NW 35TH AVE			Mailing Address 2495 NW 35TH AVE MIAMI, FL 33142	2495 NW 35TH AVE								
Principal Place of Business - No P.O. Box # 3.			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01142008 C	thg-NP	CR2E0	37 (12/06)		
City & State		City & State			4. FEI No. 59-2		36		——————————————————————————————————————	oplied For ot Applicable		
Zip	Zip Country				untry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent					ļ		7. Name and Add	dress of New F	Registered	Agent		
CONESA, BRIAN				Nam			Address (P.O. Box Number is Not Acceptable)					
22425 SW 162 AVENUE MIAMI, FL 33170					Oli Cot / H	Street Address (F.O. Dox Indition is not Acceptable)						
				City					FI	Zip Cod	e	
	named entity		or the purpose of changing	its register	ed office or	register	ed agent, or both, in	the State of Fl	orida. I am	familiar with,	and accept	
30g.a.	one or region	ordo agom.										
SIGNATURE .			· · · · · · · · · · · · · · · · · · ·									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required						when reinstating)		DATE				
	_	e is \$61.25 lay 1, 2008		ampaign I	_		\$5.00 May Be Added to Fees	Flo	rida Depa	ck payable to	tate	
10.	Due by M		Trust Fun	Contribut	tion.			Flo	rida Depa	IRECTORS IN	tate I 10	
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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.

2/3/2008 786-243-1738 Brian Conesa Treasurer
Brian Conesa Treasurer SIGNATURE: