

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90407 043 ****61.25

DOCUMENT # 739555

1. Entity Name
S.C.A., INC.



Principal Place of Business
2700 CORAL SPRINGS DRIVE
111
CORAL SPRINGS, FL 33065 US

Mailing Address
2700 CORAL SPRINGS DRIVE
111
CORAL SPRINGS, FL 33065 US

50008432



2. Principal Place of Business
8360 W Oakland Park Blvd
3. Mailing Address
PO Box 452199

Suite, Apt. #, etc.
301

Suite, Apt. #, etc.

03242006 Chg-NP CR2E037 (11/05)

City & State
Sunrise, FL
Zip
33351
Country
Broward
City & State
Sunrise, FL
Zip
33345-2199
Country
Broward

4. FEI Number
59-1876569
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAEFER, LINDA
2700 CORAL SPRINGS DRIVE
UNIT #111
CORAL SPRINGS, FL 33065

Name
JOHN G FENTON

Street Address (P.O. Box Number is Not Acceptable)
2700 CORAL SPRINGS DR #114

City
CORAL SPRINGS
FL
Zip Code
33065

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCHAEFER, LINDA M
2700 CORAL SPRINGS DR. #111
CORAL SPRINGS, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
John Fenton
2700 Coral Springs Dr #114
Coral Springs, FL 33065 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KATZ, MARCI
2700 CORAL SPRINGS DR #113
CORAL SPRINGS, FL 33065 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/S
Christian Baldwin
2700 Coral Springs Dr #207
Coral Springs, FL 33065 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/T
Ina Nguyen
2700 Coral Springs Dr #112
Coral Springs, FL 33065 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Shlomo Albas
2700 Coral Springs Dr #301
Coral Springs, FL 33065 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Maria Chavez
2700 Coral Springs Dr #208
Coral Springs, FL 33065 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Frank Santoro
2700 Coral Springs Dr #110
Coral Springs, FL 33065 ☐ Change ☒ Addition

12. 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #