


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90041 031 ****61.25

DOCUMENT # 739555 1. Entity Name S.C.A., INC.					
Principal Place of Business 8360 W OAKLAND PK BLVD # 301 SUNRISE, FL 33351 US				Mailing Address POB 452199 SUNRISE, FL 33345-2199 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1876569	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FENTON, JOHN G 2700 CORAL SPRINGS DRIVE UNIT #114 CORAL GABLES, FL 33065				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input checked="" type="checkbox"/> DP NAME FENTON, JOHN STREET ADDRESS 2700 CORAL SPRINGS DR, # 114 CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> D NAME TIRADO, MARIA CONSUELO STREET ADDRESS 2700 CORAL SPRINGS DR #204 CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> DS NAME BALDWIN, CHRISTIAN STREET ADDRESS 2700 CORAL SPRINGS DR, # 207 CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DT NAME NGUYEN, INA STREET ADDRESS 2700 CORAL SPRINGS DR, # 112 CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete		TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> D NAME ALBAS, SHLOMO STREET ADDRESS 2700 CORAL SPRINGS DR, # 301 CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete		TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> D NAME CHAVEZ, MARIA STREET ADDRESS 2700 CORAL SPRINGS DR, # 208 CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> D/T NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> D NAME SANTORO, FRANK STREET ADDRESS 2700 CORAL SPRINGS DR, # 110 CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete		TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date Daytime Phone #</small>	