


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90033 011 \*\*\*\*61.25

<b>DOCUMENT # 739555</b> 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FENTON, JOHN G 2700 CORAL SPRINGS DRIVE UNIT #114 CORAL GABLES, FL 33065				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 reinstating) DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	Pres. Albaz, Schlomo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FENTON, JOHN		NAME	2700 Coral Springs Dr. #301	
STREET ADDRESS	2700 CORAL SPRINGS DR, # 114		STREET ADDRESS	Coral Springs, FL 33065	
CITY - ST - ZIP	CORAL SPRINGS, FL 33065		CITY - ST - ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALDWIN, CHRISTIAN		NAME	Bolivar, Javier	
STREET ADDRESS	2700 CORAL SPRINGS DR, # 207		STREET ADDRESS	2700 Coral Springs Dr. #303	
CITY - ST - ZIP	CORAL SPRINGS, FL 33065		CITY - ST - ZIP	Coral Springs, FL 33065	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIRADO, MARIA CONSUELO		NAME		
STREET ADDRESS	2700 CORAL SPRINGS DR #204		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33065		CITY - ST - ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	CHAVEZ, MARIA		NAME		
STREET ADDRESS	2700 CORAL SPRINGS DR, # 208		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33065		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Silvia Albaz</i>			3/4/08 954-312-475		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40040466



02112008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1876569 Applied For Not Applicable

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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 DP ☒ Delete  
NAME FENTON, JOHN  
STREET ADDRESS 2700 CORAL SPRINGS DR, # 114  
CITY - ST - ZIP CORAL SPRINGS, FL 33065

TITLE Pres. Albaz, Schlomo ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 2700 Coral Springs Dr. #301  
CITY - ST - ZIP Coral Springs, FL 33065

TITLE DS ☒ Delete  
NAME BALDWIN, CHRISTIAN  
STREET ADDRESS 2700 CORAL SPRINGS DR, # 207  
CITY - ST - ZIP CORAL SPRINGS, FL 33065

TITLE VP ☐ Change ☒ Addition  
NAME Bolivar, Javier  
STREET ADDRESS 2700 Coral Springs Dr. #303  
CITY - ST - ZIP Coral Springs, FL 33065

TITLE D ☐ Delete  
NAME TIRADO, MARIA CONSUELO  
STREET ADDRESS 2700 CORAL SPRINGS DR #204  
CITY - ST - ZIP CORAL SPRINGS, FL 33065

TITLE Treas. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DT ☒ Delete  
NAME CHAVEZ, MARIA  
STREET ADDRESS 2700 CORAL SPRINGS DR, # 208  
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #