2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 739555

FILED Dec 18, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

8360 W OAKLAND PK BLVD 2700 CORAL SPRINGS DRIVE

301 **UNIT 113**

SUNRISE, FL 33351 CORAL SPRINGS, FL 33065 US

Current Mailing Address: New Mailing Address:

POB 452199 2700 CORAL SPRINGS DRIVE

SUNRISE, FL 333452199 US **UNIT 113**

CORAL SPRINGS, FL 33065 US

FEI Number: 59-1876569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FENTON, JOHN G SCHAEFER, LINDA

2700 COŔAL SPRINGS DRIVE 2700 CORAL SPRINGS DRIVE **UNIT #114 UNIT 111**

CORAL GABLES, FL 33065 US CORAL SPRINGS, FL 33065 US

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: LINDA SCHAEFER 12/18/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ALBAZ, SCHLOMO KATZ, MARCI Name: Name: 2700 CORAL SPRINGS DR 301 Address: 2700 CORAL SPRINGS DRIVE UNIT 113 Address:

City-St-Zip: POMPANO BEACH, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete Title: (X) Change () Addition

Name: BOLIVAR, JAVIER Name: SCHAEFER, LINDA

Address: 2700 CORAL SPRINGS DR 303 Address: 2700 CORAL SPRINGS DRIVE UNIT 111 CORAL SPRINGS, FL 33065

City-St-Zip: POMPANO BEACH, FL 33065 City-St-Zip:

Title: () Delete Title: (X) Change () Addition TIRADO, MARIA CONSUELO Name: ZELLER, GUILLERMO Name:

2700 CORAL SPRINGS DRIVE UNIT 113 Address: 2700 CORAL SPRINGS DR #204 Address:

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065

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: LINDA SCHAEFER VP 12/18/2008