


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90065 042 \*\*\*\*61.25

<b>DOCUMENT # 756764</b>					
1. Entity Name SOUTH FLORIDA INVESTIGATORS ASSOCIATION, INC.					
Principal Place of Business 1835 SOUTH PERIMETER ROAD SUITE 125 FORT LAUDERDALE, FL 33309			Mailing Address P.O. BOX 891 FORT LAUDERDALE, FL 33302		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ELYN, BRYAN 1835 SOUTH PERIMETER ROAD SUITE 125 FORT LAUDERDALE, FL 33309			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SULTAN, MARC	NAME			
STREET ADDRESS	P.O. BOX 144	STREET ADDRESS			
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MICHAELS, MARIETTA	NAME			
STREET ADDRESS	1835 SOUTH PERIMETER RD., #125	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHWARTZ, ROBERT	NAME	Stephen Perez		
STREET ADDRESS	PO BOX 8238	STREET ADDRESS	P.O.Box 162305		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34985	CITY-ST-ZIP	Miami, FL 33116		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELYN, BRYAN	NAME			
STREET ADDRESS	P.O. BOX 811958	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33481	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>Maricella L. Michaels</i>		SIGNATURE: <i>Maricella L. Michaels</i>		Date: <i>1/9/08</i> Daytime Phone #: <i>954-771-6900</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	