

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756764

FILED
Jan 09, 2009
Secretary of State

Entity Name: SOUTH FLORIDA INVESTIGATORS ASSOCIATION, INC.

Current Principal Place of Business:

1835 SOUTH PERIMETER ROAD
SUITE 125
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 891
FORT LAUDERDALE, FL 33302

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

E'LYN, BRYAN
1835 SOUTH PERIMETER ROAD
SUITE 125
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SULTAN, MARC
Address: P.O. BOX 144
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T () Delete
Name: MICHAELS, MARIETTA
Address: 1835 SOUTH PERIMETER RD., #125
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: VP () Delete
Name: SCHWARTZ, ROBERT
Address: PO BOX 8238
City-St-Zip: PORT SAINT LUCIE, FL 34985

Title: P () Delete
Name: ELYN, BRYAN
Address: P.O. BOX 811958
City-St-Zip: BOCA RATON, FL 33481

Title: VP (X) Delete
Name: PEREZ, STEPHEN
Address: P.O. BOX 162305
City-St-Zip: MIAMI, FL 33116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: STROK, TOM
Address: PO BOX 8238
City-St-Zip: PORT SAINT LUCIE, FL 34985

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIETTA MICHAELS

T

01/09/2009

Electronic Signature of Signing Officer or Director

Date