

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770936

FILED
Mar 24, 2004
Secretary of State**Entity Name:** SOUTHERN FLORIDA SMALL BUSINESS BENEFIT ASSOCIATION, INC.**Current Principal Place of Business:**5701 N PINE ISLAND RD
STE 200
TAMARAC, FL 33321 US**New Principal Place of Business:**3230 W. COMMERCIAL BLVD
350
FT. LAUDERDALE, FL 33309 US**Current Mailing Address:**PO BOX 8804
CORAL SPRGS, FL 33075 US**New Mailing Address:****FEI Number:** 59-2340423 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ENTIN, RICHARD C.
4300 N UNIVERSITY DR #D202
SUNRISE, FL 33351 US**Name and Address of New Registered Agent:**ENTIN, RICHARD C.
110 SE 6 ST
1970
FT.LAUDERDALE, FL 33301 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: RICHARD ENTIN

03/24/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: SHAPIRO, HENRY
Address: 7901 W.W. 82 TERRACE
City-St-Zip: PARKLAND, FL**Title:** VD () Delete
Name: SHAPIRO, MERRYL
Address: 7901 N.W. 82 TERRACE
City-St-Zip: PARKLAND, FL**Title:** D () Delete
Name: STEINBERG, PATRICIA
Address: 10152 ROYAL PALM BLVD
City-St-Zip: CORAL SPRINGS, FL 33065**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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 for the exemption stated in Section 119.07(3)(i), 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: MERRYL SHAPIRO

VD

03/24/2004

Electronic Signature of Signing Officer or Director

Date