

SECRETARY OF STATE
DIVISION OF INFORMATION
06 FEB -8 AM 9:59

DOCUMENT # A32176						DIVISION OF REVENUE 06 FEB -8 AM 9:59	
1. Entity Name SFP GROUP, LTD.							
Principal Place of Business 1172 SO. DIXIE HWY, #481 CORAL GABLES, FL 33146				Mailing Address ONE SOUTHEAST THIRD AVE., STE. 2130 MIAMI, FL 33131			
2. Principal Place of Business				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 COPROLITE CORPORATION ONE SOUTHEAST THIRD AVENUE, SUITE 2130 MIAMI, FL 33131				7. Name and Address of New Registered Agent 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				DATE			
Signature, typed or printed name of registered agent and title if applicable							
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00							
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	F96000001832			STREET ADDRESS			
NAME	STATON OPERATIONS, INC. SFP Operations Inc.			CITY-ST-ZIP	700066120747		
STREET ADDRESS	1172 SOUTH DIXIE HIGHWAY, SUITE 481				02/17/06 01010-005 **500.00		
CITY-ST-ZIP	MIAMI, FL 33146						
DOCUMENT #	STATON, ALBERT H JR			STREET ADDRESS			
NAME	1172 SOUTH DIXIE HIGHWAY, SUITE 481			CITY-ST-ZIP			
STREET ADDRESS	MIAMI, FL 33146						
CITY-ST-ZIP							
DOCUMENT #	STATON, MARY JANE W			STREET ADDRESS			
NAME	1172 SOUTH DIXIE HIGHWAY, SUITE 481			CITY-ST-ZIP			
STREET ADDRESS	MIAMI, FL 33146						
CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
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DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
AGENT #				STREET ADDRESS			
STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP							
14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE: Mary Jane Staton				2/8/06 305 6625504			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #			