2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000002626

1. Entity Name

S.C.A. OF NEW YORK INC



FILED Jan 19, 2007 08:00 AM Secretary of State

Principal Place of Business

1000 NW 14TH ST MIAMI, FL 33136 Mailing Address

1000 NW 14TH ST MIAMI, FL 33136



DO NOT WRITE IN THIS SPACE

01132007	No Chg-P	CR2E034 (11/05)	

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLMAN, DONNA 1000 NW 14TH ST MIAMI, FL 33136

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CATY-ST-ZIP

NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar	with, and accept		
SIGNATURE_								
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000592308 01/19/07-80057-015	150.00		
10.	OFFICERS AND DIREC	TORS	I					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS FAIBISCH, RUSSELL M 1000 NW 14TH ST MIAMI, FL 33136							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLMAN, DONNA 1000 NW 14TH ST MIAMI, FL 33136							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	NOT WRITE			
TITLE				IN ⁻	THIS SPACE	l		

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 607, 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:	lana	n 1 aur	LUSSEM M.	<u> 700</u>	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

Daytime Phone #