## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000003942

Name:

Address:

City-St-Zip:

DE GUERARA, IDA E

111 FIRST STREET

EL CARMEN PANAMA,

Entity Name: SOUTH FLORIDA STATE CORPORATION

FILED Mar 12, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
1499 W. P 204	ALMETTO PA	RK ROAD			
	TON, FL 3348	6			
Current Mailing Address:			New Mailing Address:		
1499 W. P 204	ALMETTO PA	RK ROAD			
	TON, FL 3348	6			
FEI Number:	: 98-0057741	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1499 W. P 204	NI, STEPHANII ALMETTO PA TON, FL 3348	RK ROAD			
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P ( CHENG, JOHN 111 FIRST STE EL CARMEN P	REET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T ( DE CHENG, EL 111 FIRST STF EL CARMEN, F	REET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	S (	) Delete	Title:	( ) Change ( ) Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: STEPHANIE ANDREONI S 03/12/2009