

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001832

Entity Name: SFP OPERATIONS, INC.

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

1172 SOUTH DIXIE HWY
481
MIAMI, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

ONE SOUTHEAST THIRD AVE
STE 2130
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-0656440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPROLITE CORPORATION
ONE SOUTHEAST THIRD AVE
STE 2130
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: STATON, ALBERT H JR
Address: 1172 S DIXIE HWY, # 481
City-St-Zip: MIAMI, FL 33146

Title: DP () Delete
Name: STATON, MARY JANE
Address: 1172 S DIXIE HWY, # 481
City-St-Zip: MIAMI, FL 33146

Title: AS () Delete
Name: BLASS, STEPHEN A
Address: ONE SOUTHEAST THIRD AVE STE 2130
City-St-Zip: MIAMI, FL 33131

Title: AS () Delete
Name: KING, KRISTY
Address: 1172 S DIXIE HWY, # 481
City-St-Zip: CORAL GABLES, FL 33146

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:

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

SIGNATURE: ALBERT H. STATON JR.

VP

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date