

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G80821

FILED
Jan 21, 2008
Secretary of State

Entity Name: SOUTH FLORIDA LAND INVESTMENTS, INC.

Current Principal Place of Business:

10001 W. OAKLAND
SUITE 203
SUNRISE, FL 33351 US

New Principal Place of Business:

10001 W. OAKLAND
SUITE 202
SUNRISE, FL 33351 US

Current Mailing Address:

10001 W. OAKLAND
SUITE 203
SUNRISE, FL 33351 US

New Mailing Address:

10001 W. OAKLAND
SUITE 202
SUNRISE, FL 33351 US

FEI Number: 59-2461832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIMON, COHEN
8360 W OAKLAND PK BLVD
312
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

SHIMON, COHEN
10001 W OAKLAND PK BLVD
202
SUNRISE, FL 33351 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:

01/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: COHEN, SHIMON,
Address: 10001 W. OAKLAND #203
City-St-Zip: SUNRISE, FL 33351

Title: V () Delete
Name: COHEN, DORI
Address: 10001 W OAKLAND PK BLVD #203
City-St-Zip: SUNRISE, FL 33351

Title: V () Delete
Name: COHEN, AVI
Address: 10001 W OAKLAND PK BLVD #203
City-St-Zip: SUNRISE, FL 33351

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 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: SHIMON COHEN

DPS

01/21/2008

Electronic Signature of Signing Officer or Director

Date