2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINCE! NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 18, 2005 08:00 AM Secretary of State

813-248-315

Daytima Phone #

DOCU 1. Entity Nam SFD, INC		·			Secre	etary of State
Principal Place 6940 NW 36 MIAMI, FL 3		Mailing Address P O BOX 5085 TAMPA, FL 33675 US		 	ANA SITAMBU PICE NE SIKI	11012 a 12011 a2012 a 1011 a20110a1 11 (201
DO NOT WRITE IN THIS SPACE				01032005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S9-2922322 Not Applicable 5. Certificate of Status Desired \$3.75 Additional Fee Required		
Name and Address of Current Registered Agent						
GUAGLIARDO, SAL 5807 MARINER ST TAMPA, FL 33609				DO NOT WRITE IN THIS SPACE		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaing) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financ Trust Fund Contribution,				.00 May Be ed to Fees		
10.	OFFICERS AND DIR	ECTORS		:		-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GUAGLIARDO, SALVATORE J. 5807 MARINER ST TAMPA, FL 33609					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUAGLIARDO, SALVATORE J. 5807 MARINER ST TAMPA, FL 33609				1100000182 01/1 9/05-80 0	645 35-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRI	TE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPAC	CE
TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corchanged,	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	filing does not qualify for the exer e and accurate and that my signated to do execute this report as required all other like empowered.	mption stated in Se ture shall have the s red by Chapter 607	ction 119.07(3)(i) ame legal effect , Florida Statutes	, Florida Statutes. I furthe as if made under oath; th ; and that my name appe	or certify that the information nat I am an officer or director pars in Block 10 or Block 11 if