

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008146

FILED
Apr 29, 2005
Secretary of State

Entity Name: SOUTH FLORIDA COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

20547 OLD CUTLER ROAD
SUITE 182
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

20547 OLD CUTLER ROAD
SUITE 182
MIAMI, FL 33189

New Mailing Address:

FEI Number: 65-1063278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAAC, DENISE
9830 S.W. 222 STREET
MIAMI, FL 33190 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ISAAC, DENISE
Address: 9830 S.W. 222 STREET
City-St-Zip: MIAMI, FL 33190

Title: DV () Delete
Name: SANCHEZ, VERONICA
Address: 19803 N.W. 34TH AVENUE
City-St-Zip: MIAMI, FL 33056

Title: DS () Delete
Name: DANZY, CLOVETTE
Address: 11040 S.W. 176 STREET
City-St-Zip: MIAMI, FL 33157

Title: DT () Delete
Name: SANCHEZ, VERONICA
Address: 19803 N.W. 34TH AVENUE
City-St-Zip: MIAMI, FL 33056

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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLOVETTE DANZY

DS

04/29/2005

Electronic Signature of Signing Officer or Director

Date