


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N01000005949</b> 1. Entity Name SOUTH FLORIDA CHIEFS, INC.	
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Principal Place of Business 12550 SOUTHWEST 2ND STREET PLANTATION, FL 33325	Mailing Address 12550 SOUTHWEST 2ND STREET PLANTATION, FL 33325
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**DO NOT WRITE IN THIS SPACE**



02032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1131774	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  STRAND, SHEPHEN R 12550 SW 2 ST. PLANTATION, FL 33325
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAND, STEPHEN 12550 SOUTHWEST 2ND STREET PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIASOTTI, ROBERT 2761 NORTHEAST 25TH TERRACE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STRAND, RENO 12550 SOUTHWEST 2ND STREET PLANTATION, FL 33325
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02/15/07-80019-007 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Stephen R Strand 1-207 254322184  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #