

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000689

1. Entity Name
SOUTH FLORIDA ASSOCIATION FOR FINANCIAL
PROFESSIONALS INC.



Principal Place of Business
PO BOX 918617
ORLANDO, FL 32891-8617

Mailing Address
PO BOX 918617
ORLANDO, FL 32891-8617



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
55-0812983

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DIAZ, KARL
1390 S DIXIE HWY #2124
CORAL GABLES, FL 33146

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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 ETHERIDGE, LAURA 8750 DORAL BLVD 7TH FLOOR MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENNEDY, MARIA 2600 SW 3RD AVE MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAZ, KARL 1390 S DIXIE HWY #2124 CORAL GABLES, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IRIGOYEN, HILDA 777 BRICKELL AVE, FOURTH FLOOR MC 1041 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000384337
01/17/06-80009-003 61.25

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARL DIAZ

Date

1/6/06

Daytime Phone #

305-667-93