

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000007050</b>	
1. Entity Name <b>FLORIDIANS FOR IMMIGRATION ENFORCEMENT INC.</b>	
Principal Place of Business <b>P.O. BOX 4219 HIALEAH, FL 33014</b>	Mailing Address <b>P.O. BOX 4219 HIALEAH, FL 33014</b>



04192008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>AGENTS AND CORPORATIONS, INC 300 FIFTH AVENUE SOUTH SUITE 101-330 NAPLES, FL 34102</b>
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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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	P MARSHA, CURRY P.O. BOX 4219 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID, CAULKETT POB 668882 POMPANO BEACH, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, JAMES PO BOX 4219 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHERA, ENOS PO BOX 4219 HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, JOHN C PO BOX 4219 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/08-80041-008 61.25

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2008 954-970-1492  
Date Daytime Phone #