

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001708

FILED
Apr 30, 2006
Secretary of State

Entity Name: SOUTH FLORIDA MOE'S ADVERTISING COOPERATIVE, INC.

Current Principal Place of Business:

2200 WEST GLADES ROAD
SUITE 1200B
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2200 WEST GLADES ROAD
SUITE 1200B
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-2312482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEIDGERKEN, JASON
2200 WEST GLADES ROAD
SUITE 1200B
BOCA RATON, FL 33431 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: D () Delete
Name: HEIDGERKEN, JASON
Address: 2200 WEST GLADES ROAD, SUITE 1200B
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: NAGAO, DARRYL
Address: 2200 WEST GLADES ROAD, SUITE 1200B
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: BURDICK, MICHAEL
Address: 11421 SOUTH DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: STEINARD, SCOTT
Address: 10660 N.W. 19TH STREET
City-St-Zip: MIAMI, FL 33156

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 Chapter 119, 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: JASON HEIDGERKEN

MR.

04/30/2006

Electronic Signature of Signing Officer or Director

Date