2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009100

FILED Aug 28, 2009 Secretary of State

Entity Name: SVM MARKETING ASSOCIATION OF SOUTH FLORIDA, INC.

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Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
SVM MARKETING ASSOC. OF SOUTH FLORIDA 3600 S CONGRESS AVE SUITE O BOYNTON BEACH, FL 33426		933 NW 31ST AVEN	SVM MARKETING ASSOC. OF SOUTH FLORIDA 933 NW 31ST AVENUE POMPANO BEACH, FL 33069	
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
SVM MARKETING ASSOC. OF SOUTH FLORIDA 3600 S CONGRESS AVE SUITE O BOYNTON BEACH, FL 33426		933 NW 31ST AVEN	SVM MARKETING ASSOC. OF SOUTH FLORIDA 933 NW 31ST AVENUE POMPANO BEACH, FL 33069	
FEI Number:	20-3437115 FEI Number Applied For () Fe with s. 607.193(2)(b), F.S., the corporation did not rec	El Number Not Applicable ()	Certificate of Status Desired ()	
	Address of Current Registered Agent:		of New Registered Agent:	
LEVIN, JEFFREY J TREAS. 3600 S CONGRESS AVE. SUITE O SUITE O BOYNTON BEACH, FL 33426 US		DAVID, EVANOSKY 933 NW 31ST AVENU POMPANO BEACH, F	JE	
The above in the State	named entity submits this statement for the purp of Florida.	ose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE: JEFFREY J LEVIN		08/28/2009	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete EVANOSKY, DAVID 933 NW 31ST AVE POMPANO BEACH, FL 33069	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete ROBINSON, JIM 1360 NW 65 AVENUE, SUITE M PLANTATION, FL 33313	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete BILLUPS, ALAN 3406 SW 26TH TERRACE, SUITE C-10 FORT LAUDERDALE, FL 33312	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete LEVIN, JEFFREY L 3600 S CONGRESS AVENUE, SUITE 0 BOYNTON BEACH, FL 33155	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY J LEVIN TREA 08/28/2009