


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90416 012 ****62.00

DOCUMENT # N05000009993 1. Entity Name SOUTH FLORIDA YOU CAN INC.																																																																																																																																																													
Principal Place of Business 10780 SW 216TH ST MIAMI, FL 33170			Mailing Address 10780 SW 216TH ST MIAMI, FL 33170																																																																																																																																																										
2. Principal Place of Business		3. Mailing Address																																																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																											
City & State		City & State																																																																																																																																																											
Zip	Country	Zip	Country																																																																																																																																																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																																																									
WOOTEN, LONNIE 10780 SW 216TH ST MIAMI, FL 33170				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																									
Make check payable to Florida Department of State																																																																																																																																																													
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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: <u><i>Lonnie Wooten</i></u> <div style="float: right; text-align: right;"> (305) 234-3864 </div>																																																																																																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____																																																																																																																																																													

40076515



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number **20-3614326** Applied For Not Applicable

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