


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000009993</b> 1. Entity Name <b>SOUTH FLORIDA YOU CAN INC.</b>	
---	---

Principal Place of Business <b>10780 SW 216TH ST MIAMI, FL 33170</b>	Mailing Address <b>10780 SW 216TH ST MIAMI, FL 33170</b>
---	---



04302008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3614326</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>WOOTEN, LONNIE 10780 SW 216TH ST MIAMI, FL 33170</b>
---

**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 renouncing)

DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>1100000347226</b>
---	--	----------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOTEN, MARY 10980 SW 116TH ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOTEN, LONNIE 10780 SW 216TH ST MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, GLORIA 14680 FILLMORE ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOTEN, DARYL 16220 SW 102ND AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

06/02/08-80007-022 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 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

**4/26/2008**

Day

Daytime Phone # \_\_\_\_\_