## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000010951

Entity Name: SOUTH FLORIDA CDC, INC.

FILED Mar 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9801 COLLINS AVENUE 9801 COLLINS AVENUE

14 P 8-T

BAL HARBOUR, FL 33154 BAL HARBOUR, FL 33154 US

Current Mailing Address: New Mailing Address:

9801 COLLINS AVENUE 9801 COLLINS AVENUE 8-T

BAL HARBOUR, FL 33154 BAL HARBOUR, FL 33154 US

FEI Number: 86-1176111 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRIFFIN, DEAN GRIFFIN, DEAN

9801 COLLINS AVENUE 9801 COLLINS AVENUE

14 P 8-T BAL HARBOUR, FL 33154 US BAL HARBOUR, FL 33154 US

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: DEAN GRIFFIN 03/01/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDIT

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: PD (X) Change( ) Addition

Name: GRIFFIN, DEAN
Address: 9801 COLLINS AVENUE, # 14 P
Address: 9801 COLLINS AVENUE, # 8-T

Address: 9801 COLLINS AVENUE, # 14 P Address: 9801 COLLINS AVENUE, # 8-1 City-St-Zip: BAL HARBOUR, FL 33154 US

Title: SEC ( ) Delete Title: DS (X) Change ( ) Addition Name: CASTILLO, KELLY Name: CASTILLO, KELLY

Address: 6413 WILLOW WOOD LANE Address: 6413 WILLOW WOOD LANE
City-St-Zip: ALEXANDRIA, VA 22310 City-St-Zip: ALEXANDRIA, VA 22310 US

Title: VP ( ) Delete Title: DVP (X) Change ( ) Addition

 Name:
 DA LUZ, THAIS M
 Name:
 DA LUZ, THAIS M

 Address:
 9801 COLLINS AVE
 Address:
 9801 COLLINS AVE

 City-St-Zip:
 BAL HARBOUR, FL 33154
 City-St-Zip:
 BAL HARBOUR, FL 33154

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: DEAN GRIFFIN PCEO 03/01/2008