

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002993

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: SOUTH FLORIDA 4U, INC.

**Current Principal Place of Business:**

14800 SW 296 STREET  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

14800 SW 296 STREET  
HOMESTEAD, FL 33033

**New Mailing Address:**

FEI Number: 80-0701200      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MONTINARD, MERLANDE  
377 SW 6 TERRACE  
HOMESTEAD, FL 33030      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: PCEO  
Name: DESSOUS, DEJEAN  
Address: 14800 SW 296 STREET  
City-St-Zip: HOMESTEAD, FL 33033

Title: D  
Name: DESSOUS, DEJEAN  
Address: 14800 SW 296 STREET  
City-St-Zip: HOMESTEAD, FL 33033

Title: VD  
Name: FRANCILLON, EDDY  
Address: 771 NW 9 STREET  
City-St-Zip: HOMESTEAD, FL 33033

Title: TD  
Name: JOSEPH, VIERGELA  
Address: 2650 SW 154 AVE  
City-St-Zip: DAVIE, FL 33331

Title: SD  
Name: MONTINARD, MERLANDE  
Address: 337 SW 154 AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: D  
Name: ALEXANDER, DADE MANITE  
Address: 13821 SW 275 TERRACE  
City-St-Zip: HOMESTEAD, FL 33032

I hereby 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 all other like empowered.

SIGNATURE: DEJEANDESSOUS

CEO

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date