2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# N93000000854

Entity Name: SOUTH FLORIDA CACTUS AND SUCCULENT SOCIETY, INC.

Current Principal Place of Business:

4853 NW 113 PLACE
DORAL, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

4853 NW 113 PLACE
DORAL, FL 33178 US

New Mailing Address:

FEI Number: 65-0396680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE LA FUENTE, ELIZABETH
4853 NW 113 PL
DORAL, FL 33178 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:	TD	( ) Delete
Name:	LUCAS, JOHN	
Address:	3812 SW 48 AVENUE	
City-St-Zip:	PEMBROKE PARK, FL 33023	
Title:	PD	( ) Delete
Name:	DE LA FUENTE, EMILIANO	
Address:	4853 NW 13 PL	
City-St-Zip:	DORAL, FL 33178	
Title:	SD	( ) Delete
Name:	RIVERA, CATHI	
Address:	13125 SW 112 AVE	
City-St-Zip:	MIAMI, FL 33176	
Title:	VD	( ) Delete
Name:	MULTACH, PETER	
Address:	4905 SW 105 TERRACE	
City-St-Zip:	COOPER CITY, FL 33328	
Title:	D	( ) Delete
Name:	LEFTIN, AVIGDOR	
Address:	2110 NE 31 STREET	
City-St-Zip:	LIGHTHOUSE POINTE, FL 33064	
Title:	D	( ) Delete
Name:	DE LA FUENTE, ELIZABETH	
Address:	4856 NW 113 PLACE	
City-St-Zip:	DORAL, FL 33178	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: EMILIANO DE LA FUENTE PRES 04/11/2007

Electronic Signature of Signing Officer or Director — Date