



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90552 033 \*\*\*\*61.25

<b>DOCUMENT # N93000002980</b> 1. Entity Name <b>SOUTH FLORIDA BUSINESS ADVISORS, INC.</b>					
Principal Place of Business <b>C/O DAVID E. BUCK 2900 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33306</b>			Mailing Address <b>C/O DAVID E. BUCK 2900 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33306</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0426039</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BUCK, DAVID E 2900 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33306</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP PIO, R. IERACI 3800 GALT OCEAN DR #1014 FT. LAUDERDALE, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DT BUCK, DAVID E. JR 1824 SE 24TH AVE FT. LAUDERDALE, FL 33316</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D VLAZNY, DAVID 680 SE 75TH TERRACE PLANTATION, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BURNETT, SCOTT, 1390 NE 30TH ST OAKLAND PARK, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b><del>BAXTER, JACK A 4530 NORTH FEDERAL HWY FORT LAUDERDALE, FL 33308</del></b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ALBEE, JON 1404 NE 5TH STREET FORT LAUDERDALE FL 33301</b>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: _____</b> <div style="display: flex; justify-content: space-between;"> <div>   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <b>Treasurer</b>  <small>Date</small> </div> <div> <b>4/28/05</b>  <small>Daytime Phone #</small> </div> </div>					

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