2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000002980

SOUTH FLORIDA BUSINESS ADVISORS, INC.



FILED May 04, 2006 8:00 am Secretary of State 05-04-2006 90221 011 ****61.25

| | | | | | 11.5 | | | | | | |
|---|------------------------------------|---------------------|---|------------------------|--|---|----------------|----------------------------|------------------------|----------------------|--|
| Principal Place of Business C/O DAVID E. BUCK 2900 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33306 | | C/O DA 2900 I | Mailing Address C/O DAVID E. BUCK 2900 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33306 | | | | | | 1 (P/2) (P/II) 16 | M al b e arbi | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 04282006 | Chg-NP | CR2E03 | 7 (4/06) | | |
| City & State | | City & State | | | | 4. FEI Number Applied For 65-0426039 Not Applicable | | | | | |
| Zip | Country | | Zip Cou | | | | | | 8.75 Add ee Require | | |
| | 6. Name and Address of Current | | | 7. Name and A | ddress of New F | Registered A | jent | | | | |
| BUCK, DAVID E | | | | | Name | | | | | | |
| 2900 E OAKLAND PARK BLVD FT LAUDEREDALE, FL 33306 | | | | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| a. v. | | | | City | | | | | Zip Code | | |
| | | | | | | | 1- II - O(E | FL | l ' | | |
| 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | | 9. Election Campaign Financing Trust Fund Contribution. | | | \$5.00 May Be Added to Fees | | lake check rida Departi | | - 1 | |
| 10. | OFFICERS AND DI | RECTORS | | 11. | | ADDITIONS/CHAN | NGES TO OFFICE | RS AND DIRE | CTORS IN | 10 | |
| TITLE NAME | DP PIO, R. IERACI | | ☐ Delete | TITLE | | | | , | ☐ Change | ☐ Addition | |
| STREET ADORESS | 3800 GALT OCEAN DR #1014 | | | NAME STREET ADDRESS | | | | | | | |
| CITY - ST - ZIP | FT. LAUDERDALE, FL | | | CITY-ST-ZIP | <u></u> | | | | | | |
| TITLE NAME | DT BUCK, DAVID E. JR | | ☐ Delete | TITLE | | | | | Change | Addition | |
| STREET ADDRESS | 1824 SE 24TH AVE | | | NAME STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33316 | | | CITY-ST-ZIP | | | | | | | |
| TITLE NAME | D VLAZNY, DAVID | | ☐ Delete . | TITLE | | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | 680 SE 75TH TERRACE | | | NAME STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | PLANTATION, FL | | | CITY-ST-ZIP | | | | | | | |
| TITLE | D DIDNETT SCOTT | | ☐ Delete | TITLE | | | | 1 | Change | ☐ Addition | |
| NAME STREET ADDRESS | BURNETT, SCOTT, 1390 NE 30TH ST | | | NAME STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | OAKLAND PARK, FL | | | CITY-ST-ZIP | | | | | | | |
| TITLE | ALBER JON | | Delete | TITLE | | | | ı | Change | Addition | |
| NAME STREET ADDRESS | 1404 NE STHISTREET | | | NAME STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | FORT AUDERDALE, FL 33301 | | | CITY-ST-ZIP | | | | | | ļ | |
| TITLE | | | ☐ Delete | TITLE | CHOO | nAC CHAR | eles | | Change | Addition | |
| NAME STREET ADDRESS | | | | NAME STREET ADDRESS | 654 | nas, CHAR 2 HYPOL | Luyo RoA | 10 # 34s | - | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | LA | KE WOL | RTH, FL | 3346 | 7 | | |
| | | | | | | | | | | | |

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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR