

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90024 026 \*\*\*\*61.25

**DOCUMENT # N93000002980**

1. Entity Name

**SOUTH FLORIDA BUSINESS ADVISORS, INC.**



Principal Place of Business

**C/O DAVID E. BUCK  
2900 E OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33306**

Mailing Address

**C/O DAVID E. BUCK  
2900 E OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33306**

**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**65-0426039**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BUCK, DAVID E  
2900 E OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33306**

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DR**  
NAME **PIOR, R. IERACI**  
STREET ADDRESS **3800 GALT OCEAN DR #1014**  
CITY-ST-ZIP **FT. LAUDERDALE, FL**

TITLE **DT**  
NAME **BUCK, DAVID E. JR**  
STREET ADDRESS **1824 SE 24TH AVE**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE **D**  
NAME **VLAZNY, DAVID**  
STREET ADDRESS **680 SE 75TH TERRACE**  
CITY-ST-ZIP **PLANTATION, FL**

TITLE **D**  
NAME **BURNETT, SCOTT,**  
STREET ADDRESS **1390 NE 30TH ST**  
CITY-ST-ZIP **OAKLAND PARK, FL**

TITLE **D**  
NAME **THOMAS, CHARLES**  
STREET ADDRESS **6542 HYPOLUXO ROAD #345**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID E BUCK**  
**THOMAS 4/30/07 954 561 3303**  
Date Daytime Phone #