

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

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



04302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000943029
05/29/08-80044-002 61.25

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CHOMAS, CHARLES
6542 HYPOLUXO RD #345
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

Date

Daytime Phone #

DAVID E BUCK

TALAMON

4/30/08 954561 3303