2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 30, 2004 8:00 am Secretary of State

DOCUMENT # N9400004529 1. Entity Name THE SFPC CORPORATION					09-30-2004 90012 039 ****61.25					
Principal Place 2124 NE 12 C/O MICHAEL MIAMI, FL 3	3RD ST 2 L MATTHEWS 0	Mailing Address 2124 NE 123RD ST C/O MICHAEL MATTHEY MIAMI, FL 33181 U	4 NE 123RD ST Michael Matthews			: 18511 B 1911 B3111 B	.	5407		
2. Principal Place of Business 4764-66 W. Commercial Blvd 4764-66 W. (Suite, Apt. #, etc. COThe mitchell Law Firm Clo The mit					09172004	Chg-NP	· ·	2E037 (10/03	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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Zip	arac, FL Country	Tanarac ,	Country		65-0609			\$8.75	Not Applica	ble
33319	6. Name and Address of Current Regis	33319	USA	, →,	 Certificate Name and 	<u> - · </u>		Fee Requ		_
			Name					ciou rigeiii.		\dashv
RADIS, RICHARD					(D.C. Day Number in Net A contable)					
1215 E BROWARD BLVD 2 FL Street Addre FT.LAUDERDALE, FL 33301					ele W	(07	JUST C	il Blvc] .	
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8. The above	named entity subplits this statement for this	purpose of changing its	registered office o	r register	d agent, or bot	h, in the State	of Florida.	I am familiar w	th, and acce	ept
the obligat	tions of registered agent	-01/		///			,			-
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	Signature, typed or printed name of registered agent and title	e if applicable. (NOTS	E: Registered Agent signal	ture required	when reinstating)		7	DATE		
9	Filling Fee Is \$61.25 ue by September 8, 2004		npaign Financing		\$5.00 May B Added to Fees	•	Make o	check payable		-
19.	Filling Fee Is \$61.25 ue by September 8, 2004 OFFICERS AND DIRECTO	9. Election Can Trust Fund C	npaign Financing		\$5.00 May B		Make o	check payable epartment of	State	
10.	Filling Fee Is \$61.25 ue by September 8, 2004 OFFICERS AND DIRECTO	9. Election Can Trust Fund C	npaign Financing Contribution.		\$5.00 May B Added to Fees DDITIONS/CHA	ANGES TO OF	Make o	check payable epartment of	State IN 10	tion
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12. I hereby certify that the information supplied with this filling 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 utstep empowered to execute this report as required by Change 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. In all effect like empowered.

SIGNATURE:

NATURE AND TYPED OF PRINTED FRAME OF SIGNING OFFICER OR DIRECTOR

7/ /04 954-486-24