

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90007 039 \*\*\*\*66.25

<b>DOCUMENT # N94000004529</b>					
<b>1. Entity Name</b> THE SFPC CORPORATION					
<b>Principal Place of Business</b> 1000 RIVER REACH DR. #220 FT LAUDERDALE, FL 33315 US			<b>Mailing Address</b> 1000 RIVER REACH DR. #220 FT LAUDERDALE, FL 33315 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02242008 Chg-NP CR2E037 (12/06)	
City & State		City & State		<b>4. FEI Number</b> 65-0609043	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
RADIS, RICHARD A 1000 RIVER REACH DR. #220 FT LAUDERDALE, FL 33315				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input checked="" type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HERDOCIA, ROBERT 30 NE 103RD STREET MIAMI SHORES, FL 33138	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Joe MITCHELL 4764 West Commercial DR. TAMARAC, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHINN, BRETT 820 NE 109TH STREET BISCAYNE PARK, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director RANDY JOSEPH 5343 NW 116 AVE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RADIS, RICHARD A 1000 RIVER BEACH DR., #220 FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director BRANDON SCHOPPERT 4735 NW 82 AVE LAUDERHILL, FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NAELON, TOM 18069 SW 152ND AVENUE MIAMI, FL 33187	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 info empowered.**

**SIGNATURE**

Brett Shinn 2/24/08 786.488.3825

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # **N94000004529**

1. Entity Name

THE SFPC CORPORATION



ATTACHMENT

Principal Place of Business

1000 RIVER REACH DR. #220  
FT LAUDERDALE FL 33315  
US

Mailing Address

1000 RIVER REACH DR. #220  
FT LAUDERDALE FL 33315  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0609043

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RADIS, RICHARD A  
1000 RIVER REACH DR. #220  
FT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

Due By: May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution.



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

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DV ☐ Delete  
NAME HERDOCIA, ROBERT  
STREET ADDRESS 30 NE 103RD STREET  
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE DT ☐ Delete  
NAME SHINN, BRETT  
STREET ADDRESS 820 NE 109TH STREET  
CITY-ST-ZIP BISCAYNE PARK FL 33161

TITLE ~~DS~~ ☒ Delete  
NAME RADIS, RICHARD A  
STREET ADDRESS 1000 RIVER BEACH DR., #220  
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE DP ☒ Delete  
NAME NAELON, TOM  
STREET ADDRESS 18069 SW 152ND AVENUE  
CITY-ST-ZIP MIAMI FL 33187

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Joe Mitchell President ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 4764 West Commercial Drive  
CITY-ST-ZIP TAMARAC, FL. 33319

TITLE Randy Joseph Treasurer ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 5343 NW 116 Ave  
CITY-ST-ZIP CORAL SPRINGS, FL. 33076

TITLE ~~Brandon Schoppert, Dir.~~ ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 4735 NW 82 Ave  
CITY-ST-ZIP LAUDERHILL, FL. 33351

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: