


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N94000004529

1. Entity Name
THE SFPC CORPORATION



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 #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02242008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0609043

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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 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	DT SHINN, BRETT 820 NE 109TH STREET BISCAYNE PARK, FL 33161	<input type="checkbox"/> Delete
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	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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	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	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 individuals empowered.

SIGNATURE:  **BRETT SHINN** 2/24/08 786.488.3825

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

ATTACHMENT

DOCUMENT # N94000004529 1. Entity Name THE SFPC CORPORATION		
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 # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
4. FEI Number 65-0609043		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

40034486

1st MOORE CR2E037 (10/07)

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DV	TITLE	
NAME	HERDOCIA, ROBERT <input type="checkbox"/> Delete	NAME	Joe Mitchell President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	30 NE 103RD STREET	STREET ADDRESS	4764 West Commercial Drive
CITY-ST-ZIP	MIAMI SHORES FL 33138	CITY-ST-ZIP	TAMARAC, FL. 33319
TITLE	DT	TITLE	Randy Joseph Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHINN, BRETT <input type="checkbox"/> Delete	NAME	5343 NW 116 AVE
STREET ADDRESS	820 NE 109TH STREET	STREET ADDRESS	CORAL SPRINGS, FL. 33076
CITY-ST-ZIP	BISCAYNE PARK FL 33161	CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	BRANDON Schoppert, Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RADIS, RICHARD A	NAME	4735 NW 82 AVE
STREET ADDRESS	1000 RIVER BEACH DR., #220	STREET ADDRESS	LAUDERHILL, FL. 33351
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	
NAME	NAELON, TOM	NAME	
STREET ADDRESS	18069 SW 152ND AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33187	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____