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

## Feb 28, 2008 8:00 am Secretary of State **DOCUMENT # N94000004529** 02-28-2008 90007 039 \*\*\*\*66.25 THE SFPC CORPORATION Mailing Address Principal Place of Business 1000 RIVER REACH DR. #220 1000 RIVER REACH DR. #220 US FT LAUDERDALE, FL 33315 FT LAUDERDALE, FL 33315 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02242008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0609043 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RADIS, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 1000 RIVER REACH DR. #220 FT LAUDERDALE, FL 33315 Zio 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 when reinstating) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature requi-Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Change Addition DV MILE TITLE ☐ Delete Joe MITCHELL HERDOCIA, ROBERT NAME NAME 4764 WEST COMMERCIAL DR. STREET ADDRESS STREET ADDRESS 30 NE 103RD STREET CITY-ST-ZIP MIAMI SHORES, FL 33138 CITY-ST-ZIP Tymarac, FL. 33319 Addition Change Change DT ☐ Delete TITLE Dinecton TITLE RANDY JOSEPH 5343 NW 116 SHINN, BRETT NAME STREET ADDRESS STREET ADDRESS 820 NE 109TH STREET 33076 CITY-ST-ZIP BISCAYNE PARK, FL. 33161 5 PRINGS CITY-ST-ZIP CORNI ☐ Delete TITLE Director TITLE RADIS, RICHARD A BRANDON SCHOPPERT NAME 1000 RIVER BEACH DR., #220 STREET ADDRESS STREET ADDRESS 4735 NW 82 CITY-ST-7IP FORT LAUDERDALE, FL 33315 CITY-ST-ZIP Change ☐ Addition TITLE Delete NAELON, TOM NAME NAME 18069 SW 152ND AVENUE STREET ADDRESS STREET ADDRESS MIAMI, FL 33187 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED

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 of supplemental reports 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 of 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 attactionent with an address, with all other line empowered. BRETT SHINN CICMATUDE.

CITY-ST-ZIP

CITY-ST-7IP

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

ANNUAL REPORT (AR)										
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THE SFPC CORPORATION										
Principal Place of Business Mailing Address										
1000 RIVER REACH DR. #220 FT LAUDERDALE FL 33315 US		1000 RIVER REACH DR. #220 FT LAUDERDALE FL 33315 US			- 44	003	3448	360		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			1		,	4		
Suite, Apt. #. etc.		Suite, Apt. #, etc.			1st MOORE CR2E037 (10/07)					
City & State		City & State			4. FEI Number 65-0609043 Applied For Not Applicable					
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required					
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
RADIS, RICHARD A 1000 RIVER REACH DR. #220			Street A	nddress (F	P.O. Box Number is	Not Accept	able)			
FTL	AUDERDALE FL 33315					- 11				
			City	FL						
8. The above the obligati	named entity submits this statement to ons of registered agent.	r the purpose of changing its i -	registered office o	r registere	ed agent, or both, in	i the State of	Florida. Larr	n familiar with,	and accept	
SIGNATURE _	Signature, typed or printed name of registered agent a	and the Lappicaste. (NOTE	: Registered Agent signa:	are required	when reinstating)		CATE		<u> </u>	
	ILE NOW: FEE IS \$61.25 Due By May 1, 2008		ontribution.	<u> </u>	\$5.00 May Be Added to Fees	Flo	Make Chec orida Depa	rtment of	State	
10. TITLE	OFFICERS AND DIF	RECTORS Delete	11.		DDITIONS/CHANG				V Addition	
	HERDOCIA, ROBERT	CT Delete	NAME	20	e mitcl	1e11	1726 5 1367	' Clarge	L▼ Addition	
	30 NE 103RD STREET		STREET ADDRESS	I .	oy west					
	MIAMI SHORES FL 33138 DT	——————————————————————————————————————	CITY-ST-ZIP		MARAC,		33319			
	SHINN, BRETT	☐ Delate	title Name	RM	10/ 300	sePH	Theorems	ر ∐ Change	Addition	
	820 NE 109TH STREET		STREET ADDRESS	231	43' NW	116	AME			
	BISCAYNE PARK FL 33161		CITY-ST-ZIP		EAL SPR			<u> 3076</u>		
ľ	RADIS, RICHARD A	- LEOD SEIS	NAME	12847	1001-25/VE	PPERET-	DIG-	==(=);Change≥	Audution > 1	
STREET ADDRESS	1000 RIVER BEACH DR., #220	•	STREET ADDRESS		5 NW 8					
	FORT LAUDERDALE FL 33315		CITY-ST-ZIP	747	sertill,	FL. 3	3351			
	DP NAELON, TOM	☑ Delete	TITLE		•			☐ Change	☐ Addition	
	18069 SW 152ND AVENUE		NAME STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33187		CITY-ST-ZIP							
TITLE		☐ Delete	MILE					☐ Change	Addition	
name Street audress			NAME STREET ANDRESS						Ì	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						\	
TITLE		☐ Delete	шп					Change	Addition	
NAME			NAME					-		
STREET ADDRESS CITY-ST-ZIP			STREET ACCRESS CITY-ST-ZIP						-	
	certify that the information supplied with	n this filing does not qualify fo	_1	Contained	in Section 119 FM	orida Statute	s. I further ce	ertify that the	information	

The converse of the mornitation supplied which in simily does not equally 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 eath; 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: \_\_\_\_\_