


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000003861

1. Entity Name
CRIMINON OF SOUTH FLORIDA, INC.



Principal Place of Business 5303 ATASCOCITA RD. 534 HUMBLE, TX 77346 US	Mailing Address P.O. BOX 291746 DAVIE, FL 33329 US
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04242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0766883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**INGRAM & INGRAM
 2630 UNIVERSITY BLVD
 SARASOTA, FL 34243**

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 _____ 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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MENTER, DAVID 5303 ATASCOCITA RD., #534 HUMBLE, TX 77346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIGUEROA, FRED 13451 NW 88 TERR CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEEN, LANCE 2990 NW 44 AVE #113 LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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00000930306
 05/21/08-80104-001 61.25

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 1.1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Menter* **David Menter, President** *4/23/08* **713-443 1702**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D/home Phone #