

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000006542	
1. Entity Name SOUTH FLORIDA BUILDING OFFICIALS ASSOCIATION, INC.	



FILED

07 JAN 24 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2875 N.E. 191 STREET SUITE 500 AVENTURA, FL 33180	Mailing Address 2875 N.E. 191 STREET SUITE 500 AVENTURA, FL 33180
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10042006 Chg-NP CR2E037 (4/06)

4. FEI Number 65-1040292	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROSENTHAL, ALAN S ESQ. 2875 N.E. 191 STREET SUITE 500 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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>(NOTE: Registered Agent signature required when reinstating)</small>	

300086458293
01/29/07--01053--010 **\$1.25

Amended AR Is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input 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 NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, CLAYTON 17070 COLLINS AVENUE., STE. 268 SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLAUDIO GRANDE 10050 NE 2AVE MIAMI SHORES, FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINGREN, JOHN 88 WEST MCINTYRE ST., STE. 250 KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SERGIO ASCUNCE 8300 NW 53 ST, SUITE 200 DORAL, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOOLSBY, MICHAEL 140 WEST FLAGLER ST., STE. 1603 MIAMI, FL 33130	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDA S. BLANCO P.O. Box 140081 CORAL GABLES, FL 33114-0081	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIZZILLO, STEVE 19050 NE 19TH AVENUE NORTH MIAMI, FL 33162	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIZZILLO, STEVE 19050 NE 19 AVENUE NORTH MIAMI, FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, DALE 17050 NE 19TH AVENUE NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOOLSBY, MICHAEL 140 W. FLAGLER ST. STE 1603 MIAMI, FL 33130	<input checked="" 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 19, 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:	STEVE PIZZILLO 10/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	