

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007321

FILED  
Mar 16, 2005  
Secretary of State

Entity Name: SOUTH FLORIDA TECHNOLOGY ALLIANCE, INC.

**Current Principal Place of Business:**

1430 MILAN AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 347876  
CORAL GABLES, FL 33234

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUTZ, MARLI  
1430 MILAN AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEDLOW, JOEL  
Address: 2000 W COMMERCIAL BLVD #200  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V ( ) Delete  
Name: SINCLAIR, BRUCE  
Address: 5201 BLUE LAGOON DR #823  
City-St-Zip: MIAMI, FL 33126

Title: S ( ) Delete  
Name: PENCHANSKY, ALAN  
Address: 299 ALHAMBRA PLAZA #207  
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete  
Name: MCGLOIN, BILL  
Address: 450 E LAS OLAS BLVD #750  
City-St-Zip: FT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LEDLOW, JOEL  
Address: 1318 SW 5TH AVENUE  
City-St-Zip: BOCA RATON, FL 33432

Title: V (X) Change ( ) Addition  
Name: VAZQUEZ, DEBORAH  
Address: 5805 BLUE LAGOON DR #150  
City-St-Zip: MIAMI, FL 33126

Title: S (X) Change ( ) Addition  
Name: BATES, ELIZABETH  
Address: 6142 NW 53RD STREET  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL MCGLOIN

T

03/16/2005

Electronic Signature of Signing Officer or Director

Date