

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007321

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: SOUTH FLORIDA TECHNOLOGY ALLIANCE, INC.

## Current Principal Place of Business:

2801 W ABIACA CIRCLE  
DAVIE, FL 33328

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 831046  
MIAMI, FL 33183

## New Mailing Address:

FEI Number: 65-0783373

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCGLOIN, WILLIAM TREASU  
2801 W ABIACA CIRCLE  
DAVIE, FL 33328 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: S ( ) Delete  
Name: BURGIO, CHRISTOPHER SECRETA  
Address: 350 E LAS OLAS BLVD  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: P ( ) Delete  
Name: VAZQUEZ, DEBORAH CHAIR  
Address: 5805 BLUE LAGOON DR #150  
City-St-Zip: MIAMI, FL 33126

Title: S ( ) Delete  
Name: CASANAVE, CHIP PRES  
Address: 14000 SW 119TH AVE  
City-St-Zip: MIAMI, FL 33186

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

Title: VP ( ) Delete  
Name: STEFFANN, LAWRENCE VP  
Address: 1430 MILAN AVE  
City-St-Zip: BOCA RATON, FL 33432

Title: N/A ( ) Delete  
Name: N/A, N/A N/A  
Address: N/A  
City-St-Zip: N/A, N N/A

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition  
Name: BURGIO, CHRISTOPHER PRESIDE  
Address: 6700 NORTH ANDREWS AVENUE, SUITE 300  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MR (X) Change ( ) Addition  
Name: CHIP, CASANAVE CHAIR  
Address: 14000 SW 119TH AVE  
City-St-Zip: MIAMI, FL 33186

Title: MR (X) Change ( ) Addition  
Name: KEVIN, BRADY VP  
Address: P.O. BOX 831046  
City-St-Zip: MIAMI, FL 33183

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

Title: MR (X) Change ( ) Addition  
Name: ALBERT, MAGGIO SECR  
Address: P.O. BOX 831046  
City-St-Zip: MIAMI, FL 33183

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM MCGLOIN

TREA

04/19/2009

Electronic Signature of Signing Officer or Director

Date