

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90402 029 \*\*\*150.00

DOCUMENT # P0000035765 1. Entity Name SFFIG, INC. [Seal]

Principal Place of Business 1306 WEST KENNEDY BLVD. TAMPA, FL 33606 Mailing Address 1306 WEST KENNEDY BLVD. TAMPA, FL 33606

900000

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.



04162007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number 59-3637805 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STRASKE, STEPHEN B II 1306 WEST KENNEDY BLVD. TAMPA, FL 33606

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 10 rows and 2 columns for Officers and Directors. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, Delete checkbox. Row 1: PD STRASKE II, STEPHEN B 1306 W KENNEDY BLVD TAMPA, FL 336061849

Table with 10 rows and 2 columns for Additions/Changes to Officers and Directors in 11. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, Change checkbox, Addition checkbox. All cells are empty.

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 607, 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: [Signature] Stephen B. Straske II 4/17/07 (813) 251-2765 Date Daytime Phone #