


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 28, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P01000007316</b> 1. Entity Name S.C.A. MANAGING G.A., INC.	
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Principal Place of Business 1000 NW 14 STREET MIAMI, FL 33136	Mailing Address 1000 NW 14 STREET MIAMI, FL 33136
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**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1083500	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  
  
FAIBISCH, CHARLES  
1000 NW 14 STREET  
MIAMI, FL 33136

**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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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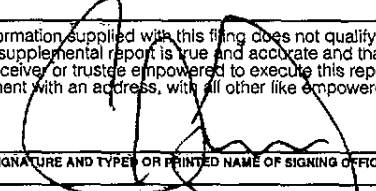
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS FAIBISCH, CHARLES 1000 NW 14TH ST. MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROMERO, NELSON 1000 NW 14TH STREET MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLMAN, DONNA 1000 NW 14TH STREET MIAMI, FL 33136
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/28/05-80138-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **4/25/05 305 381-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #