

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013294

FILED
Apr 24, 2007
Secretary of State

Entity Name: SOUTH FLORIDA COMMUNICATIONS, INC.

Current Principal Place of Business:

100 S. PINE ISLAND RD
108
FT. LAUDERDALE, FL 33324

New Principal Place of Business:

Current Mailing Address:

100 S. PINE ISLAND RD
108
FT. LAUDERDALE, FL 33324

New Mailing Address:

FEI Number: 43-1951015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULEMAN, SADRUDDIN
100 S. PINE ISLAND RD
108
FT. LAUDERDALE, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SADRUDDIN, SULEMAN
Address: 4245 SW 140 AVE
City-St-Zip: DAVIE, FL 33330

Title: VP () Delete
Name: LALANI, SHAFIQ
Address: 5821 HAWKS BLUFF AVE
City-St-Zip: DAVIE, FL 33331

Title: D () Delete
Name: RAJWANY, NURUDDIN
Address: 5166 NW 125 AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: RAJWANY, SHAHSULTAN
Address: 5166 NW 125 AVE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SULEMAN SADRUDDIN

MBR

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date