


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90039 035 \*\*\*158.75

<b>DOCUMENT # P02000039250</b>	
1. Entity Name <b>SOUTH FLORIDA DIGEST, INC.</b>	

Principal Place of Business <b>117 NE 3RD ST HALLANDALE BEACH FL 33009</b>	Mailing Address <b>117 NE 3RD ST HALLANDALE BEACH FL 33009</b>
---	---

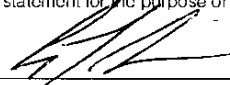


2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>5360 SW 9th Ct.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>FT. LAUDERDALE, FL 33317</b>
Zip	Country <b>USA</b>


1st MOORE CR2E034 (10/06)

4. FEI Number <b>73-1637547</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>FARQUHAR, CRAIG D 117 NE 3RD ST HALLANDALE BEACH FL 33009</b>		
7. Name and Address of New Registered Agent Name <b>CRAIG FARQUHAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>5260 S.W. 9th Ct.</b> City <b>FT. LAUDERDALE</b> <b>FL</b> Zip Code <b>33317</b>		

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 **1/29/07**

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</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution.  <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FARQUHAR, CRAIG D 3374 TURTLE COVE WEST PALM BEACH FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President CRAIG FARQUHAR 5260 S.W. 9th Ct. FT. LAUDERDALE, FL 33317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD HILES, CECILE 1931 NE 211TH ST. MIAMI FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **CRAIG FARQUHAR** DATE **1/29/07** DAYTIME PHONE # **(954) 988 0625**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR