

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053899

FILED
Apr 15, 2004
Secretary of State

Entity Name: SOUTH FLORIDA EXCHANGE, INC.

Current Principal Place of Business:

5620 NW 61ST ST APT 1218
COCONUT CREEK, FL 33073

New Principal Place of Business:

1132 WEST LAKES DRIVE
DEERFIELD BEACH, FL 33442 US

Current Mailing Address:

5620 NW 61ST ST APT 1218
COCONUT CREEK, FL 33073

New Mailing Address:

PO BOX 4455
DEERFIELD BEACH, FL 33442 US

FEI Number: 30-0090014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, LAURA J
5620 NW 61ST ST APT 1218
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

SHAW, LAURA J
PO BOX 4455
DEERFIELD BEACH, FL 33442 US

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: LAURA J. SHAW

04/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAW, LAURA
Address: 5620 N.W 61 ST., APT. 1218
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAW, LAURA
Address: PO BOX 4455
City-St-Zip: DEERFIELD BEACH, FL 33442 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAURA SHAW

P

04/15/2004

Electronic Signature of Signing Officer or Director

Date