## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000102672

Entity Name: SOUTH FLORIDA SOCIAL INCORPORATED

FILED Jun 30, 2005 Secretary of State

Entity Name: SOUTH FLORIDA SOCIAL INCORPORATE	U:
Current Principal Place of Business:	New Principal Place of Business:
1500-A E. ATLANTIC BLVD POMPANO BEACH, FL 33060	
Current Mailing Address:	New Mailing Address:
1500-A E. ATLANTIC BLVD POMPANO BEACH, FL 33060	
FEI Number: 06-1649457 FEI Number Applied For ( )	El Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
WILLIAMS, BETH 4900 N OCEAN BLVD #413 FT LAUDERDALE, FL 33308 US	WILLIAMS, BETTY 4900 N OCEAN BLVD #413 FT LAUDERDALE, FL 33308 US
The above named entity submits this statement for the purpoin the State of Florida.	ose of changing its registered office or registered agent, or both,
SIGNATURE: BETTY WILLIAMS	06/30/2005
Electronic Signature of Registered Agent	Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not rec Election Campaign Financing Trust Fund Contribution ( ).	eive the prior notice.
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:         D         ( ) Delete           Name:         WILLIAMS, BETTY           Address:         4900 N OCEAN BLVD, #413           City-St-Zip:         FT LAUDERDALE, FL 33308	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: ( ) Delete Name: Address: City-St-Zip:	Title: PRES ( ) Change (X) Addition  Name: WILLIAMS, BETTY S PRESIDE  Address: 1500-A EAST ATLANTLIC BLVD  City-St-Zip: POMPANO BEACH, FL 33060 67

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: BETTY WILLIAMS PRES 06/30/2005