

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000058670

Entity Name: SOUTH FLORIDA CHOPPERS, INC.

FILED
Sep 30, 2005
Secretary of State

Current Principal Place of Business:

1611 NORTH MILITARY TRAIL
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1611 NORTH MILITARY TRAIL
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 11-3693248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUSS, MIKE
1611 NORTH MILITARY TRAIL
WEST PALM BEACH, FL 33409 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRUSS, MIKE
Address: 1611 NORTH MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D (X) Delete
Name: DELCIAMPO, JOSEPH
Address: 1611 NORTH MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MIKE PRUSS

PRES

09/30/2005

Electronic Signature of Signing Officer or Director

Date