


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90038 037 \*\*\*150.00

<b>DOCUMENT #</b> <u>P03000108098</u>	
<b>1. Entity Name</b> <u>SOUTH FLORIDA Hockey II, INC.</u>	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <u>4931 Volunteer Road</u>		<b>3. Mailing Address</b> <u>(Same)</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> <u>Davie, FL.</u>		<b>City &amp; State</b>	
<b>Zip</b> <u>33330</u>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

40091913

CR2E034B (8/05)

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> <u>20-0281231</u>			<b>Applied For</b>
				<b>Not Applicable</b>
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
	<b>7. Name and Address of Current Registered Agent</b>			
	<b>Name</b> <u>HAGEN &amp; HAGEN, P.A.</u>			
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>3531 Griffin Road.</u>			
	<b>City</b> <u>FT. Lauderdale</u>	<b>FL</b>	<b>Zip Code</b> <u>33312</u>	

**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** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended AR is \$61.25**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>PRES.</u> <u>DANIEL RODRIGUEZ</u> <u>4931 Volunteer Rd.</u> <u>Davie, FL. 33330</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**DO NOT WRITE  
IN THIS SPACE**


**12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** D. Rodriguez 5/8/06 (954) 689-4341  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TO WHOM IT MAY CONCERN, ATTACHMENT 40091913 5/8/06  
#P03000108098

IN MARCH of this year I received the Annual Report notice. Like every year I detach the bottom portion of the postcard and mail it in to receive my form. Last week I was going through my bills and papers when I came across the top portion of the post card and I realized I never received the form to send in my payment. That's why you are receiving this copy I requested filled in with all my information and payment after the May 1<sup>st</sup> Due Date.

As records should prove my payment for the Annual corp. Report has never been delinquent for SFH II, INC. or for SFH I when I was part owner there from 1997-2003.

yours truly,  
  
DANIEL RODRIGUEZ