## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P03000108531

1. Entity Name

S & F REAL ESTATE, INC.



FILED May 07, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

15809 CORINTHA TERRACE DELRAY BEACH, FL 33446 15809 CORINTHA TERRACE DELRAY BEACH, FL 33446



02202007

No Chg-P-

CR2E034 (11/05)

4. FEI Number 56-2422153

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOROWITZ, SCOTT 15809 CORINTHA TERRACE DELRAY BEACH, FL 33446

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	tions of registered agent.	outpose of changing its registere	I OINÇ <del>e</del> Or	registered agent, or bo	itit, in the state of Florida. I am tarimar w	niis, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE	<del></del>
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	•			* * * * * * * * * * * * * * * * * * * *
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOROWITZ, SCOTT 15809 CORINTHA TERRACE DELRAY BEACH, FL 33446		•		U00000762552 05/29/07-80015-002	150 00
TITLE	D		•		00, C0, 01 00010 002	- 100.00 ·
NAME	FRASCA, FRANK					
STREET ADDRESS	15809 CORINTHA TERRACE			•		
CITY-ST-ZIP	DELRAY BEACH, FL 33446					. [
TITLE NAME		,				
STREET ADDRESS				no	NOT WRITE	·
CITY-ST-ZIP						ı.
TITLE				IN .	THIS SPACE	
NAME STREET ADDRESS						,
CITY-ST-ZIP						· .

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 required 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Daytime Phone #