


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90065 017 ***150.00

DOCUMENT # P04000076875	
1. Entity Name SOUTH FLORIDA WI-FI, INC.	

Principal Place of Business 152 NE 38TH STREET #90 OAKLAND PARK, FL 33334	Mailing Address 152 NE 38TH STREET #90 OAKLAND PARK, FL 33334
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2. Principal Place of Business - No P.O. Box # 1919 VAN BUREN ST	3. Mailing Address 1919 VAN BUREN ST
Suite, Apt. #, etc. # 703 A	Suite, Apt. #, etc. # 703 A
City & State HOLLYWOOD FL	City & State HOLLYWOOD FL
Zip 33020	Country USA.

05032007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent KHAN, AZAD 152 NE 38TH STREET #90 OAKLAND PARK, FL 33334	
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7. Name and Address of New Registered Agent	
Name KHAN AZAD	
Street Address (P.O. Box Number is Not Acceptable) 1919 VAN BUREN ST #703A	
HOLLYWOOD FL 33020	
City FL	Zip Code

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 AZAD KHALI AZAD KHALI 4/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, AZAD 152 NE 38TH STREET #90 OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALI, ASIF 4481 E COUNTRY CLUB CIRCLE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, AZAD 1919 VAN BUREN ST #703A HOLLYWOOD FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 receiver 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: AZAD KHALI AZAD KHALI 4/25/07 954 727 3386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #