2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000135205

1. Entity Name
SOUTH FLORIDA DECKS, INC.

Principal Place of Business	Mailing Address
6250 W. 15TH COURT	6250 W. 15TH COURT
HIALEAH, FL 33012	HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

02062008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1692984	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALEMAN, LEONEL
6250 W. 15TH COURT
HIALEAH, FL 33012

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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

U000000823784
02/20/08-80051-020 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ALEMAN, LEONEL
STREET ADDRESS	6250 W. 15TH COURT
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	SEC
NAME	ALEMAN, LUCIA
STREET ADDRESS	6250 W. 15TH COURT
CITY-ST-ZIP	HIALEAH, FL 33012
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	

DO NOT WRITE IN THIS SPACE

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: X _____ + LEONEL ALEMAN 02/06/2008 305-364-9221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #