
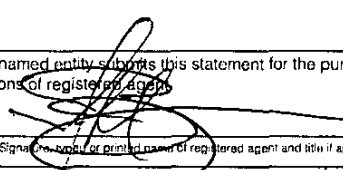
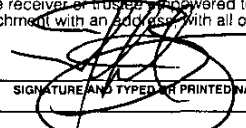


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90100 011 ***550.00

| DOCUMENT # P04000143714 1. Entity Name SOUTH FLORIDA DEVCO, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|--|--|----------------------------|--|--|---|--|--|-------|--|---------------------------------|-------|---|--|-------|---|---------------------------------|-------|--|---|-------|--|---------------------------------|-------|--|---|-------|---|---------------------------------|-------|--|---|-------|---|---------------------------------|-------|--|---|-------|---|---------------------------------|-------|--|---|
| Principal Place of Business 1275 GATEWAY BLVD BOYNTON BEACH, FL 33426 | | | Mailing Address 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 12 Salt Creek Lane Suite, Apt. #, etc. Suite 200 City & State Hialeah, FL Zip 60521 Country USA | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 20-1769185 | | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 01062005 Chg-P CR2E034 (10/03) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE. STE 3000 MIAMI, FL 33131 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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:  (NOTE: Registered Agent signature required when reinstating) DATE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">D, P Michael J. Ryan 701 Brickell Ave., Ste. 3000 Miami, FL 33131</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">S Peter Brennan 701 Brickell Ave., Ste. 3000 Miami, FL 33131</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>D, T Thomas E. Ryan 701 Brickell Ave., Ste. 3000 Miami, FL 33131</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>D Mary Ryan Buddig 701 Brickell Ave., Ste. 3000 Miami, FL 33131</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>D Eileen Seyfarth 701 Brickell Ave., Ste. 3000 Miami, FL 33131</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>D Therese Ryan Rooney 701 Brickell Ave., Ste. 3000 Miami, FL 33131</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>D Donna M. Coffey 701 Brickell Ave., Ste. 3000 Miami, FL 33131</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </tbody> </table> | | | | | | 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | TITLE | D, P Michael J. Ryan 701 Brickell Ave., Ste. 3000 Miami, FL 33131 | <input type="checkbox"/> Delete | TITLE | S Peter Brennan 701 Brickell Ave., Ste. 3000 Miami, FL 33131 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TITLE | D, T Thomas E. Ryan 701 Brickell Ave., Ste. 3000 Miami, FL 33131 | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | D Mary Ryan Buddig 701 Brickell Ave., Ste. 3000 Miami, FL 33131 | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | D Eileen Seyfarth 701 Brickell Ave., Ste. 3000 Miami, FL 33131 | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | D Therese Ryan Rooney 701 Brickell Ave., Ste. 3000 Miami, FL 33131 | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | D Donna M. Coffey 701 Brickell Ave., Ste. 3000 Miami, FL 33131 | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 Block 11 if changed, or on an attachment with an address with all other like empowered. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE:  | | | Date: 7/18/05 Daytime Phone #: 630-887-1705 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |