


2007 FOR PROFIT CORPORATION ANNUAL REPORT

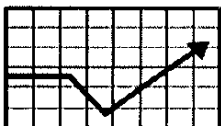
FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90100 004 ***150.00

DOCUMENT # P04000157511 1. Entity Name SOUTH FLORIDA CHEMICALS, INC.					
Principal Place of Business 8079 COVINGTON COURT LAKE WORTH, FL 33467 US			Mailing Address 8079 COVINGTON COURT LAKE WORTH, FL 33467 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 56-2489676	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JORDI, ANDREW 8079 COVINGTON COURT LAKE WORTH, FL 33467				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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST JORDI, ANDREW 8079 COVINGTON COURT LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP JORDI, JOANNE 8079 COVINGTON CT LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-15-07 965-5381 Date Daytime Phone #		

ATTACHMENT 60003523

THE NEWMAN GROUP, INC.



6801 Lake Worth Road

Suite 119

Lake Worth, Florida 33467

Phone: 561-642-6999

FAX: 561-642-3377

EMAIL: LBN@NEWMANADVISORS.COM

#P04006157511

SOUTH FLORIDA CHEMICALS, INC

Client Name _____

1/9/07

2006

Date _____ Tax Year Ending _____

Please follow the applicable filing instructions for each form attached as indicated by the boxes checked:

2007 FOR PROFIT CORPORATION ANNUAL REPORT

(X) Form _____

(X) Affix Officer's signature, Title and Date

() Affix personal & spouse's signature, if applicable and date

() There is no money due with this return; however, it must be signed and mailed on or

before _____

FLORIDA DEPT OF STATE

(X) Prepare a check payable to _____

\$ 150.00

APRIL 30, 2007

for _____ and mail with your signed return before _____ in

the enclosed envelope. Please make sure your check includes the tax ID, tax form and period

covered by the payment

A copy of the return is enclosed for your records.

If upon your review of these forms you have any questions, please do not hesitate to call us at 561-642-6999. We have retained a copy of each form in our files for reference.

MAKE CHANGES TO FORM
WHERE NECESSARY
BEFORE MAILING