

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90048 041 ***150.00

DOCUMENT # P04000169850	
1. Entity Name S.F. GLOBAL INC.	



40061234

Principal Place of Business 3038 N. FEDERAL HWY. SUITE B FT. LAUDERDALE, FL 33306	Mailing Address 3038 N. FEDERAL HWY. SUITE B FT. LAUDERDALE, FL 33306
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2. Principal Place of Business - No P.O. Box # 9 FORT ROYAL ISLE	3. Mailing Address 9 FORT ROYAL ISLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04052007 Chg-P CR2E034 (12/06)

City & State FT. LAUDERDALE FL	City & State FT. LAUDERDALE FL
Zip 33308	Zip 33308
Country USA	Country USA

4. FEI Number 54-2164039	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRIEDBERG, SHELDON 3038 N. FEDERAL HIGHWAY SUITE B FT. LAUDERDALE, FL 33306		7. Name and Address of New Registered Agent Name FRIEDBERG, SHELDON Street Address (P.O. Box Number is Not Acceptable) 9 FORT ROYAL ISLE City FT. LAUDERDALE FL Zip Code 33308	
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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 reappointing) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRIEDBERG, SHELDON		NAME FRIEDBERG, SHELDON	
STREET ADDRESS 3038 N. FEDERAL HWY., SUITE B		STREET ADDRESS 9 FORT ROYAL ISLE	
CITY- ST- ZIP FT. LAUDERDALE, FL 33306		CITY- ST- ZIP FT. LAUDERDALE, FL 33308	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/5/2007 Daytime Phone: 954-336-8500