2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000066180

1. Entity Name
SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
6130 EDWARDS RD MARGATE, FL 33063	POB 490006 FORT LAUDERDALE, FL 33349

DO NOT WRITE IN THIS SPACE

03072008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
55-0897426		Not Applicable

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

6. Name and Address of Current Registered Agent

NOLASCO, JOHANNY
6130 EDWARDS DR.
MARGATE, FL 33063

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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)

U000000852745

03/26/08-80041-014 150.00

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	D
NAME	NOLASCO, JOHANNY
STREET ADDRESS	6130 EDWARDS DR.
CITY-ST-ZIP	MARGATE, FL 33063

TITLE	DP
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STREET ADDRESS	6130 EDWARDS RD
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Johanny Nolasco_   03/7/08   9542884462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #