## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## Mar 15, 2007 8:00 am Secretary of State 03-15-2007 90017 025 \*\*\*150.00 **DOCUMENT # P05000155021** SOUTH FLORIDA GOLF PRODUCTIONS, INC. Principal Place of Business Mailing Address 40035952 16105 NE 18TH AVE 16105 NE 18TH AVE N MIAMI BCH, FL 33162 N MIAMI BCH, FL 33162 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. EEI Number 20-3839762 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RONES, VICTOR K DO NOT WRITE 16105 NE 18TH AVE N MIAMI BCH, FL 33162 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!!, FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PERLMUTTER, MARTY NAME STREET ADDRESS 16105 NE 18TH AVE N MIAMI BCH, FL 33162 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 frue 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 employeed 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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

3/7/07

305.505-3006

Daytime Phone #

FILED