## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000133508

FILED Apr 30, 2008 Secretary of State

Entity Name: SOUTH FLORIDA LONGSHOREMEN MAKING A DIFFERENCE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1610 PORT BOULEVARD MIAMI, FL 33132 **Current Mailing Address: New Mailing Address:** 1610 PORT BOULEVARD MIAMI, FL 33132 FEI Number: 20-5747013 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLAXMAN, NEIL FLAXMAN, NEIL 1610 PORT BLVLD 550 BILTMORE WAY CORAL GABLES, FL 33143 US US MIAMI, FL 33132 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. SIGNATURE: NIEL FLAXMEN 04/30/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: () Change () Addition Name: CANTY, ELLIS E Name: 1610 PORT BLVD Address: Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: Title: TREA Title: () Change () Addition () Delete Name: MEURICE, LUIS T Name: 1610 PORT BLVD Address: Address: MIAMI, FL 33132 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS MEURICE TREA 04/30/2008