

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000142227

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: SOUTH FLORIDA PROFESSIONALS, INC

## Current Principal Place of Business:

2400 NW 108TH DR  
CORAL SPRINGS, FL 33065 US

## New Principal Place of Business:

8092 NW 123 TER  
PARKLAND, FL 33076 US

## Current Mailing Address:

2400 NW 108TH DR  
CORAL SPRINGS, FL 33065 US

## New Mailing Address:

8092 NW 123RD TERR  
PARKLAND, FL 33076 US

FEI Number: 20-5866624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERTS, GARY A  
2400 NW 108TH DR  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

ROBERTS, GARY A  
8092 NW 123RD TER  
PARKLAND, FL 33076 US

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: GARY ROBERTS

04/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROBERTS, PAMELA E  
Address: 2400 NW 108TH DR  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VP ( ) Delete  
Name: ROBERTS, GARY A  
Address: 2400 NW 108TH DR  
City-St-Zip: CORAL SPRINGS, FL 33065 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ROBERTS, PAMELA E  
Address: 8092 NW 123 TER  
City-St-Zip: PARKLAND, FL 33076 US

Title: VP (X) Change ( ) Addition  
Name: ROBERTS, GARY A  
Address: 8092 NW 123 TER  
City-St-Zip: PARKLAND, FL 33076 US

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: GARY ROBERTS

VP

04/07/2008

Electronic Signature of Signing Officer or Director

Date