2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000006629

Entity Name: SOUTH FLORIDA DEBT SERVICES, INC

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4404 SW 160TH AVENUE 2250 NW 136TH AVENUE

SUITE 826 SUITE 100C

MIRAMAR, FL 33027 PEMBROKE PINES, FL 33028

Current Mailing Address: New Mailing Address:

4404 SW 160TH AVENUE 2250 NW 136TH AVENUE

SUITE 826 SUITE 100C

MIRAMAR, FL 33027 PEMBROKE PINES, FL 33028

FEI Number: 90-0343187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SALMAN, NAUREEN
4404 SW 160TH AVENUE
2250 NW 136TH AVENUE
SUITE 226

SUITE 826 SUITE 100C
MIRAMAR, FL 33027 US PEMBROKE PINES, FL 33028 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: MAS 04/14/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: SALMAN, NAUREEN Name: SALMAN, NAUREEN

 Address:
 4404 SW 160TH AVENUE SUITE 826
 Address:
 2250 NW 136TH AVENUE SUITE 100C

 City-St-Zip:
 MIRAMAR, FL 33027 US
 City-St-Zip:
 PEMBROKE PINES, FL 33028 US

Title: VP () Delete Title: VP (X) Change () Addition

Name: SALMAN, NAUREEN Name: SALMAN, NAUREEN

 Address:
 4404 SW 160TH AVENUE SUITE 826
 Address:
 2250 NW 136TH AVENUE SUITE 100C

 City-St-Zip:
 MIRAMAR, FL 33027 US
 City-St-Zip:
 PEMBROKE PINES, FL 33028 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: NAUREEN SALMAN P 04/14/2009