

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000087665

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA DIVE JOURNAL INCORPORATED

**Current Principal Place of Business:**

421 SOUTH LAKESIDE DRIVE APT #1  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

421 SOUTH LAKESIDE DRIVE  
APT # 1  
LAKE WORTH, FL 33460

**Current Mailing Address:**

421 SOUTH LAKESIDE DRIVE APT #1  
LAKE WORTH, FL 33460

**New Mailing Address:**

421 SOUTH LAKESIDE DRIVE  
APT #1  
LAKE WORTH, FL 33460

**FEI Number:** 27-3833404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDWARDS, SANDRA  
421 SOUTH LAKESIDE DRIVE  
LAKE WORTH, FL 33460 US

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

EDWARDS, SANDRA  
421 SOUTH LAKESIDE DRIVE  
APT #1  
LAKE WORTH, FL 33460 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:** SANDRA EDWARDS

02/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PCEO  
**Name:** EDWARDS, SANDRA  
**Address:** 421 SOUTH LAKESIDE DRIVE APT #1  
**City-St-Zip:** LAKE WORTH, FL 33460

**Title:** DT  
**Name:** EDWARDS, SANDRA  
**Address:** 421 SOUTH LAKESIDE DRIVE APT #1  
**City-St-Zip:** LAKE WORTH, FL 33460

I hereby 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 all other like empowered.

**SIGNATURE:** SANDRA EDWARDS

PRES

02/25/2011

Electronic Signature of Signing Officer or Director

Date