## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000034802

FILED Jan 05, 2006 Secretary of State

Entity Name: SOUTH FLORIDA ELECTRONIC BUSINESS SERVICES, INC.

Current Principal Place of Business:			New Principal Place of Business:	
34 NORT IAMI, FL	THWEST 141 STREET 33168			
urrent IV	lailing Address:		New Mailing Addr	ess:
4 NW 14 AMI, FL	41 STREET 33168			
l Number	: 65-0410394 FEI Number	Applied For() FEI N	Number Not Applicable()	Certificate of Status Desired ( )
me and	Address of Current Regi	stered Agent:	Name and Address	s of New Registered Agent:
,	EVERLY 41 STREET 33168 US			
	e named entity submits this s e of Florida.	tatement for the purpose	e of changing its registe	ered office or registered agent, or both,
SNATU				
	Electronic Signature	of Registered Agent		Date
ction Car	mpaign Financing Trust Fund Co	ontribution ( ).		
FICER	S AND DIRECTORS:		ADDITIONS/CHAN	IGES TO OFFICERS AND DIRECTOR
e: me:	D ( ) Delete LEWIS, ROBERT D 1007 N. CORBETT		Title: Name: Address:	() Change () Addition
	GOLDSBORO, NC 27536		City-St-Zip:	
/-St-Zip: e: ne: Iress:				()Change ()Addition
r-St-Zip: e: ne: lress: r-St-Zip: e: ne: ress:	GOLDSBORO, NC 27536  D ( ) Delete ABNER, ROBEN D 13721 SW 13 STREET		City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition
r-St-Zip: e: ne: ress: r-St-Zip: e: ne: ress: r-St-Zip: e: ne: ress: ress:	GOLDSBORO, NC 27536  D () Delete ABNER, ROBEN D 13721 SW 13 STREET MIAMI, FL 33184  P () Delete ABNER, BEVERLY L 734 NW 141 STREET		City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	
Iress:  /-St-Zip: e: ne: Iress: /-St-Zip: e: ne: Iress: /-St-Zip: e: ne: Iress: /-St-Zip: e: ne: Iress: /-St-Zip: e: ne: Iress: /-St-Zip:	GOLDSBORO, NC 27536  D () Delete ABNER, ROBEN D 13721 SW 13 STREET MIAMI, FL 33184  P () Delete ABNER, BEVERLY L 734 NW 141 STREET MIAMI, FL 33168  VP () Delete REIDER, CAROLYN E 720 NW 141 STREET	17	City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address:	( ) Change ( ) Addition

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: BEVERLY ABNER P 01/05/2006