## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000030139

Entity Name: SALES ASSOCIATES OF SOUTH FLORIDA, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
750 E SAM SUITE 225 POMPANO	PLE RD BEACH, FL	33064			8 BRINY AVE APT 504 POMPANO BEACH, FL	. 33062
Current Mailing Address:				New Mailing Address:		
	BEACH, FL				8 BRINY AVE APT 504 POMPANO BEACH, FL	
FEI Number:	65-0574787	FEI Nur	nber Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
FLEMING, 8 BRINY AV POMPANO		33062	US		FLEMING, MICHEAL 8 BRINY AVE APT 504 POMPANO BEACH, FL	. 33062 US
The above in the State		submits t	his statement for the p	urpose o	f changing its registered	office or registered agent, or both,
SIGNATURE:						04/29/2005
	Electror	nic Signa	ture of Registered Age	nt		Date
Election Carr	paign Financin	g Trust Fu	nd Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( ) JAKAB, GLORI 8 BRINY AVE POMPANO, FL				Title: (Name: Address: City-St-Zip:	)Change ()Addition
Title: Name: Address: City-St-Zip:	V () FLEMING, MIC 8 BRINY AVE POMPANO, FL				Title: ( Name: Address: City-St-Zip:	)Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GLORIA JAKAB P 04/29/2005