2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000087557

1. Entity Name
S F PARTNERS, INC.

Principal Place of Business	Mailing Address
220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES, FL 33134 US	220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES, FL 33134 US

DO NOT WRITE IN THIS SPACE

04202006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0626915
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~ROBERT WOLEK~~ DANIEL STUZIN
220 ALHAMBRA CIRCLE
SUITE 700
CORAL GABLES, FL 33134

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DOP
NAME	STUZIN, CHARLES B
STREET ADDRESS	220 ALHAMBRA CIRCLE SUITE 700
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	COB
NAME	STUZIN, RUTH E
STREET ADDRESS	220 ALHAMBRA CIRCLE SUITE 700
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	STUZIN, JAMES M
STREET ADDRESS	220 ALHAMBRA CIRCLE SUITE 700
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	TS
NAME	STUZIN, ROSALYN F
STREET ADDRESS	220 ALHAMBRA CIRCLE SUITE 700
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	AVPT
NAME	STUZIN, DANIEL
STREET ADDRESS	220 ALHAMBRA CIRCLE SUITE 700
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/06-80095-005 [50.00]

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/20/06 (305) 774-0454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #