

**-2007- FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90033 033 ***150.00

DOCUMENT # P95000087557 1. Entity Name S F PARTNERS, INC.					
Principal Place of Business 220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES FL 33134 US			Mailing Address 220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES FL 33134 US		
2. Principal Place of Business - No P.O. Box # 800 DOUGLAS RD			3. Mailing Address 800 DOUGLAS RD		
Suite, Apt. #, etc. 500			Suite, Apt. #, etc. 500		
City & State CORAL GABLES, FL			City & State CORAL GABLES, FL		
Zip 33134		Country USA		4. FEI Number 65-0626915	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent POLLER, NEALE J 220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DOP STUZIN, CHARLES B <input type="checkbox"/> Delete 220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DOP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STUZIN, CHARLES B 800 DOUGLAS RD STE500 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB STUZIN, RUTH E <input type="checkbox"/> Delete 220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STUZIN, RUTH E 800 DOUGLAS RD STE 500 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STUZIN, JAMES M <input type="checkbox"/> Delete 220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STUZIN, JAMES M 800 DOUGLAS RD STE 500 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS STUZIN, ROSALYN F <input type="checkbox"/> Delete 220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STUZIN, ROSALYN F 800 DOUGLAS RD STE 500 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVPT STUZIN, DANIEL <input type="checkbox"/> Delete 220 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STUZIN, DANIEL 800 DOUGLAS RD STE 500 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/8/07 (305) 774-0454 <small>Daytime Phone #</small>		