

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000087557

Entity Name: S F PARTNERS, INC.

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

800 DOUGLAS RD
500
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

800 DOUGLAS RD
500
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0626915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLER, NEALE J
220 ALHAMBRA CIRCLE
SUITE 700
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

STUZIN, CHARLES B
800 DOUGLAS ROAD
SUITE 500
CORAL GABLES, FL 33134 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: CHARLES STUZIN

02/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DOP () Delete
Name: STUZIN, CHARLES B
Address: 800 DOUGLAS RD, 500
City-St-Zip: CORAL GABLES, FL 33134

Title: COB () Delete
Name: STUZIN, RUTH E
Address: 800 DOUGLAS RD, 500
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: STUZIN, JAMES M
Address: 800 DOUGLAS RD, 500
City-St-Zip: CORAL GABLES, FL 33134

Title: TS () Delete
Name: STUZIN, ROSALYN F
Address: 800 DOUGLAS RD, 500
City-St-Zip: CORAL GABLES, FL 33134

Title: AVPT () Delete
Name: STUZIN, DANIEL
Address: 800 DOUGLAS RD, 500
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHARLES STUZIN

MR

02/17/2009

Electronic Signature of Signing Officer or Director

Date