

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90102 027 \*\*\*150.00

|                                                                                                |                                                                                   |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P95000092105</b><br>1. Entity Name<br><b>SOUTH FLORIDA FINANCIAL GROUP, INC.</b> |  |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>2071 NW 53 RD ST<br/>BOCA RATON, FL 33496 US</b> | Mailing Address<br><b>2071 NW 53 RD ST<br/>BOCA RATON, FL 33496 US</b> |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

00011116



04112008 No Chg-P CR2E034 (11/05)

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|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0631647</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>KARLIN, BRUCE P.<br/>2071 NW 53RD ST<br/>BOCA RATON, FL 33496</b> |
|-----------------------------------------------------------------------------------------------------------------------------|

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$350.00**

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

| 10. OFFICERS AND DIRECTORS                     |                                                                  |
|------------------------------------------------|------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>KARLIN, BRUCE P<br>2561 NW 52ND ST<br>BOCA RATON, FL 33496 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |

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IN THIS SPACE**

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/16/08** **561-901-3341**  
Date Daytime Phone #