

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000051585

1. Entity Name
SOUTH FLORIDA COMMERCIAL PROPERTIES, INC.



Principal Place of Business
**399 WEST CAMINO GARDENS BLVD
SUITE 307
BOCA RATON, FL 33432**

Mailing Address
**PO BOX 4877
DEERFIELD BEACH, FL 33442**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0769883

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FIRESTONE, DEBORAH
7910 TENNYSON STREET
BOCA RATON, FL 33433**

**DO NOT WRITE
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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FIRESTONE, DEBORAH
STREET ADDRESS	PO BOX 4877 - NA
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	DV
NAME	ZIVELY, JUDITH
STREET ADDRESS	PO BOX 630923 - NA
CITY - ST - ZIP	HOUSTON, TX 77263
TITLE	VP
NAME	EPSTEIN, JOANNIE
STREET ADDRESS	P.O. BOX 630923
CITY - ST - ZIP	HOUSTON, TX 77263
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000750232
05/18/07-80057-003 150.00

**DO NOT WRITE
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

Date

Daytime Phone #