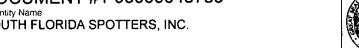
2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000048759





FILED Apr 10, 2006 8:00 am Secretary of State

SOUTH FLORIDA SPOTTERS, INC.					04-10-2006 90323 046 ***150.00					
Principal Place of Business 745 SIESTA KEY CIRCLE APT 1528 DEERFIELD BEACH, FL 33441		Mailing Address 745 SIESTA KEY CIRCLE APT 1528 DEERFIELD BEACH, FL 33441		I IFFIIFFEIIE	(1) 4 1 (1) (1) 41 (1) 41 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		10179			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03212006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State			4. FEI Numbe 65-0837		Applied For Not Applicable			
Zip	Country	Zip	Country			of Status Desired		\$8.75 Addi	itional	
	6. Name and Address of Current	Registered Agent -		-	7. Name and	Address of New R	legistered A	lgent		
PLISKO, ANTHONY C 4824 NE 23RD AVE #5 FT. LAUDERDALE, FL 33308			Street A	ddress (ا ک کا ک	dress (P.O. Box Number is Not Acceptable) いとSTA 化の CIRCLE サバット					
1				City DEER FLORD BEALLY FL Zip Code 13741						
8. The above named entity submits this statement of the purpose of changing its registered eigent, or both, in the State of Fjorida. Arm 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 renstating) DATE										
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees						30 mil 1997.				
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/0	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	PD	☐ Delete	TITLE					Change	☐ Addition	
NAME	PLISKO, ANTHONY C			ا	C 1/4	CIRCLE #	هر در ا			
STREET ADDRESS CITY-ST-ZIP	4824 NE 23RD AVE #5 FT. LAUDERDALE, FL 33308			747	145 SIESTA KEY CIRCLE #1508 DEERFIELD BEACH FL 32441					
TITLE	TT. DAODENBALL, TE 33300	Delete	TITLE	1	ATTICE 101			☐ Change	Addition	
NAME		L. J. Cretete	NAME					onenge	Notation	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CiTY-ST-ZiP							
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-S1-ZIP	-				Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME		Delete	TITLE NAME					☐ Ollarige		
STREET ADDRESS			STREET ADDRESS						,	
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAME							
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP							
CITY-ST-ZIP		h this filing data not		containe	l in Chapter 110	Florida Statutos	I further cor	tify that the is	formation	
indicated of the co- changed	certify that the information supplied wit I on this report or supplemental report reporation or the receiver or trustee emp , or on an attachment with an address.	in this filling does not qualify or is true and accurate and that my powered to execute this apport a with all other like empowered.	signature shall l s required by Ch	have the epter 60	same fogal effec 7, Florida Statute	t as if made unders; s; and that my nam	oath; that I	arn an officer n Block 10 or	or director Block 11 if	

SIGNATURE: _