


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

8

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90001 046 \*\*\*150.00  
08-30-2004 90002 017 \*\*\*400.00

<b>DOCUMENT # P98000091795</b>		
1. Entity Name <b>SOUTH FLORIDA STAMPS, INC.</b>		
Principal Place of Business <b>2820 CYPRESS AVE MIRAMAR, FL 33025</b>	Mailing Address <b>2820 CYPRESS AVE PO Box 4585 MIRAMAR, FL 33025 HOLLYWOOD, FL 33083</b>	

**39070634**



03162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0889164</b>	Applied For <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 <b>LEAVITT, STEPHEN 2820 CYPRESS AVE MIRAMAR, FL 33025</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 releasing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAVITT, STEPHEN 2820 CYPRESS AVE MIRAMAR, FL 33025
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **STEPHEN LEAVITT** **(954) 425-9293**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State

August 5, 2004

**SOUTH FLORIDA STAMPS, INC.**  
**PO BOX 4585**  
**HOLLYWOOD, FL 33083**

Subject: **SOUTH FLORIDA STAMPS, INC.**

Reference Number: **P98000091795**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RG

ANNUAL REPORTS SECTION