

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90018 039 ***150.00

DOCUMENT # P99000026412

1. Entity Name
SOUTH FLORIDA KINETICS, INC.



Principal Place of Business
**11190 BISCAYNE BOULEVARD
MIAMI, FL 33181**

Mailing Address
**11190 BISCAYNE BOULEVARD
MIAMI, FL 33181**

40062302



2. Principal Place of Business - No P.O. Box #
504 CARNEGIE CTR.
Suite, Apt. #, etc.

3. Mailing Address
504 CARNEGIE CTR.
Suite, Apt. #, etc.

03212008 Chg-P CR2E034 (12/06)

City & State
PRINCETON NJ
Zip Country
08540 USA

City & State
PRINCETON NJ
Zip Country
08540 USA

4. FEI Number
65-0576115
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~HARRIS, MICHAEL ESQ.~~
**CT CORPORATION SYSTEM
SUITE 310H PINE ISLAND ROAD
PLANTATION, FL 33401**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2008 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
**CFOD
HAMILL, JOHN P
11190 BISCAYNE BOULEVARD
MIAMI, FL 33181** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCMULLEN, JEFFREY
11190 BISCAYNE BOULEVARD
MIAMI, FL 33181** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**504 CARNEGIE CENTER
PRINCETON NJ 08540** ☒ Change ☐ Addition ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**504 CARNEGIE CENTER
PRINCETON NJ 08540** ☒ Change ☐ Addition ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

JOHN P. HAMILL

3/26/08

Date

609-951-6800

Daytime Phone #