02. 03 UBR

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 30 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/1/02 91511 033 158.00

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06/30/03--01045--017 **700.00

DOCUMENT # P99000054779

1. Entity Name: South Florida Industrial Corp
4701 Orange Drive
Ft. Lauderdale, FL 33314

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4701 Orange Drive	4701 Orange Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ft. Lauderdale FL	Ft. Lauderdale FL
Zip: 33314 Country: USA	Zip: 33314 Country: USA

4. FEI Number: 65-0937009 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Diane Ducharme

Street Address (P.O. Box Number is Not Acceptable):
4701 Orange Drive

City: Ft. Lauderdale FL Zip Code: 33314

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] 6/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10.	OFFICERS AND DIRECTORS
TITLE	OFFICER/Director Detail
NAME	Diane Ducharme
STREET ADDRESS	4701 Orange Drive
CITY-ST-ZIP	Ft. Lauderdale, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] [signature] 6/2

Kelly & Kelly

Certified Public Accountants, P.A.

MEMBERS OF AMERICAN AND FLORIDA INSTITUTES OF CERTIFIED PUBLIC ACCOUNTANTS

JOHN F. KELLY, C.P.A.
ELIZABETH M. KELLY, C.P.A.

FT. LAUDERDALE (954) 561-0557
PALM BEACH (561) 366-0557
FAX (954) 561-2749

PLAZA 3000, BUILDING 11
3020 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FLORIDA 33306

DATE: 6/18/03

TO: Name Diane

Firm _____

City _____

Phone ( ) ____ - _____

Fax (954) 595 - 6631

FROM: Name _____

Phone (954) 561 - 0557

Fax (954) 561 - 2749

RE: _____

Total number of pages including this cover sheet ____. If you do not receive all of the pages, please call the originator of the documents sent as soon as possible.

NOTE: Pls. Sign at the "X's" AND SEND OFF along with your check