


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # S71050 1. Entity Name SEARCH FOR EXCELLENCE, INC.	
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Principal Place of Business 827 NE 20TH AVENUE FORT LAUDERDALE, FL 33304 US	Mailing Address 827 NE 20TH AVENUE FORT LAUDERDALE, FL 33304 US
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01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE.

4. FEI Number 65-0281141	Applied For. <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TODD FENNEL, ESQ
C/O GOULD, COOKSEY, FENNEL P.A.
979 BEACHLARD BLVD.
VERO BEACH, FL 32963**

**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, 2008 Fee will be \$550.00**

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

**000000791707
01/23/08-80087-012 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHARP, F. KENDALL 720 NE 18 AVE. FORT LAUDERDALE, FL 33304
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**

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:  **01/16/08** **954-467-0864**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #