

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90319 042 ***150.00

DOCUMENT # V27275

1. Entity Name
SOUTH FEDERAL CAPITAL CORP.



Principal Place of Business
2050 EAST OAKLAND PARK BLVD.
SUITE 209
FORT LAUDERDALE, FL 33306

Mailing Address
2050 EAST OAKLAND PARK BLVD.
SUITE 209
FORT LAUDERDALE, FL 33306

00045333



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0334090

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'DONNELL, MICHAEL A
2050 E. OAKLAND PARK BLVD
SUITE 209
FORT LAUDERDALE, FL 33306

Name
O'DONNELL, MICHAEL A
Street Address (P.O. Box Number is Not Acceptable)
29 SARANAC RD
City
SEA RANCH LAKES FL Zip Code
3308

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MEYER, LUKE
2050 E. OAKLAND PARK BLVD., STE 209
FT. LAUDERDALE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/T/D
O'DONNELL, MICHAEL A.
P.O. BOX 11856
FORT LAUDERDALE, FL 33339 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #