

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002993

**Entity Name:** SOUTH FLORIDA 4U, INC.

**Current Principal Place of Business:**

1452 N KROME AVENUE  
SUITE 101F  
FLORIDA CITY, FL 33034

**FILED**  
**Apr 12, 2018**  
**Secretary of State**  
**CC9279438380**

**Current Mailing Address:**

1452 NORTH KROME AVENUE  
101-F  
FLORIDA CITY, FL 33034 US

**FEI Number: 80-0701200**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MONTINARD, MERLANDE  
377 SW 6 TERRACE  
HOMESTEAD, FL 33030 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name JOSEPH, VIERGELA  
Address 2650 S W 154TH AVENUE  
City-State-Zip: DAVIE FL 33331

Title EXECD  
Name DESSOUS, DEJEAN  
Address 1452 NORTH KROME AVENUE  
SUITE 101F  
City-State-Zip: FLORIDA CITY FL 33034

Title SD  
Name FRANCILLON, EDDY  
Address 771 NW 9 STREET  
City-State-Zip: HOMESTEAD FL 33033

Title TD  
Name MONTINARD, MERLANDE  
Address 337 SW 6 TERRACE  
City-State-Zip: HOMESTEAD FL 33030

Title VPD  
Name HENRIQUEZ, FELIPE  
Address 20504 NW 19 AVENUE  
City-State-Zip: MIAMI GARDENS FL 33056

Title MEMBER  
Name ST HILAIRE, PIERRE LAZARRE  
Address 1452 NORTH KROME AVENUE  
101-F  
City-State-Zip: FLORIDA CITY FL 33034

Title MEMBER  
Name OLIVIER, ROOSMAN DAVE  
Address 1452 NORTH KROME AVENUE  
101-F  
City-State-Zip: FLORIDA CITY FL 33034

Title MEMBER  
Name LAMEDY, RENARD  
Address 1452 NORTH KROME AVENUE  
101-F  
City-State-Zip: FLORIDA CITY FL 33034

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DEJEAN DESSOUS**

**EXECUTIVE DIRECTOR**

**04/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date