

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10419

FILED
Jan 02, 2008
Secretary of State

Entity Name: SOUTH INTERNATIONAL TRADING, INCORPORATED

Current Principal Place of Business:

3731 N. COUNTRY CLUB DRIVE
1429
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 85193
HALLANDALE, FL 33008

New Mailing Address:

FEI Number: 59-2050622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COHN, ALAN B
C/O GREENSPOON MARDER
100 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SPITZ, CARLOS MR.
Address: 3731 N. COUNTRY CLUB DR. #1429
City-St-Zip: AVENTURA, FL 33180 US

Title: VS () Delete
Name: SPITZ, CLARA MRS.
Address: 3731 N. COUNTRY CLUB DR. # 1429
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS SPITZ

PTD

01/02/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date