

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000124225

FILED
Apr 30, 2008
Secretary of State

Entity Name: SOUTHERN COMMERCIAL MANAGEMENT, INC.

Current Principal Place of Business:

6499 POWERLINE ROAD
SUITE 205
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6499 POWERLINE ROAD
SUITE 205
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 26-1405594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMAN, BRUCE J
2655 LE JEUNE ROAD
SUITE 816
CORAL GABLES, FL 33134 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: D () Delete
Name: COMPAGNIOTTE, DONNA
Address: 1901 SW 56TH AVENUE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: TOMPKINS, MARY
Address: 5241 SW 101ST AVENUE
City-St-Zip: COOPER CITY, FL 33328

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PRES () Change (X) Addition
Name: COMPAGNIOTTE, DONNA
Address: 1901 SW 56 AVE
City-St-Zip: PLANTATION, FL 33317

Title: VP () Change (X) Addition
Name: TOMPKINS, MARY
Address: 5241 SW 101 AVE
City-St-Zip: COOPER CITY, FL 33328

Title: SEC () Change (X) Addition
Name: COMPAGNIOTTE, DONNA
Address: 1901 SW 56TH AVE
City-St-Zip: PLANTATION, FL 33317

Title: TR () Change (X) Addition
Name: TOMPKINS, MARY
Address: 5241 SW 101 AVE
City-St-Zip: COOPER CITY, FL 33328

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: MARY TOMPKINS

VP

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date