

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092308

Entity Name: SOUTH EXCHANGE, INC.

FILED
Jan 30, 2004
Secretary of State

Current Principal Place of Business:

100 NORTH BISCAYNE BLVD.
SUITE 102
MIAMI, FL 33133

Current Mailing Address:

100 NORTH BISCAYNE BLVD.
SUITE 102
MIAMI, FL 33133

FEI Number: 65-0615397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

New Principal Place of Business:

100 NORTH BISCAYNE BLVD.
SUITE 805
MIAMI, FL 33133

New Mailing Address:

100 NORTH BISCAYNE BLVD.
SUITE 805
MIAMI, FL 33133

Name and Address of Current Registered Agent:

BARRY SCUTILLO
8000 N UNIVERSITY DR
FT LAUDERDALE, FL 33321 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: PTSD () Delete
Name: ANSPACH, SILVIO R
Address: 100 NORTH BISCAYNE BLVD., SUITE 102
City-St-Zip: MIAMI, FL 33133

Title: VP () Delete
Name: ANSPACH, ROBERTA RM
Address: 100 N BISCAYNE BLVD STE 102
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: ANSPACH, SILVIO R
Address: 100 NORTH BISCAYNE BLVD., SUITE 805
City-St-Zip: MIAMI, FL 33133

Title: VP (X) Change () Addition
Name: CARVALHO, JOSE R
Address: 100 N BISCAYNE BLVD STE 805
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SILVIO ANSPACH

PTSD

01/30/2004

Electronic Signature of Signing Officer or Director

Date