

## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 12 PM 4:05



08282007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P94000092308</b> 1. Entity Name <b>SOUTH EXCHANGE, INC.</b>					
Principal Place of Business <b>100 NORTH BISCAYNE BLVD. SUITE 805 MIAMI, FL 33133</b>		Mailing Address <b>100 NORTH BISCAYNE BLVD. SUITE 805 MIAMI, FL 33133</b>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0615397</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SANTOS, MAURO C ESQ. 25 S.E. 2 AVENUE SUITE 1235 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ANSPACH, SILVIO R</b> <b>100 NORTH BISCAYNE BLVD., SUITE 805</b> <b>MIAMI, FL 33132</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200109712222</b> <b>09/20/07--01048--001 **61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>CARVALHO, JOSE R</b> <b>100 NORTH BISCAYNE BLVD., SUITE 805</b> <b>MIAMI, FL 33132</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Carvalho, Jose R</b> <b>100 North Biscayne Blvd., Suite 805</b> <b>Miami, FL 33132</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>COBB, NANNETTE</b> <b>100 NORTH BISCAYNE BLVD., SUITE 805</b> <b>MIAMI, FL 33133</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this report 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 #		

B 9/13/07