


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90090 033 \*\*\*158.75

**DOCUMENT # P98000008558**

1. Entity Name  
 SOUTHERNMOST HOUSE, INC.



Principal Place of Business      Mailing Address  
 209 DUVAL STREET      209 DUVAL STREET  
 KEY WEST, FL 33040      KEY WEST, FL 33040

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
 65-0810025      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

01072008      Chg-P      CR2E034 (12/06)

**6. Name and Address of Current Registered Agent**

HALPERN, MICHAEL  
 209 DUVAL STREET  
 KEY WEST, FL 33040

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DPST	<input type="checkbox"/> Delete
NAME	HALPERN, MICHAEL	
STREET ADDRESS	209 DUVAL STREET	
CITY - ST - ZIP	KEY WEST, FL 33040	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, HILARIO JR	
STREET ADDRESS	1401 DUVAL STREET	
CITY - ST - ZIP	KEY WEST, FL 33040	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RAMOS, MATILDE G	
STREET ADDRESS	1401 DUVAL STREET	
CITY - ST - ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing 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: *Mu*      *is President*      Date: (305) 296-5667      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR