


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91097 010 ****70.00

DOCUMENT # 725121

1. Entity Name
THE VILLAGE SOUTH, INC.



Principal Place of Business
**3180 BISCAYNE BLVD.
MIAMI FL 33137**

Mailing Address
**3180 BISCAYNE BLVD.
MIAMI FL 33137**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1452736**

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

6. Name and Address of Current Registered Agent
**GISSEN, MATTHEW
3180 BISCAYNE BLVD.
MIAMI FL 33137**

Applied For
Not Applicable

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> Delete
NAME	LIEBERMAN, HENRY	
STREET ADDRESS	1200 SW 137 AVE APT E 102	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, JAMES	
STREET ADDRESS	4007 GREEN PINE BLVD UNIT G3	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HOLDER, JAY	
STREET ADDRESS	975 41ST ST.	
CITY-ST-ZIP	MIAMI BCH FL 33155	
TITLE	DPC	<input type="checkbox"/> Delete
NAME	TREADWAY, DEEANNE	
STREET ADDRESS	1717 N BAYSHORE DR UNIT 3256	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	AST	<input type="checkbox"/> Delete
NAME	GRIZZLE, NANCY	
STREET ADDRESS	569 NW 208 WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVERMAN, ADAM	
STREET ADDRESS	839 HERITAGE DR.	
CITY-ST-ZIP	WESTON FL 33326	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS		
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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 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 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 617, 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: *Nancy Grizzle* **SIGNATURE REQUIRED NANCY GRIZZLE** MARCH 11, 2003 305-571-2628

CR2E037 (10/02)