2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 234171

1. Entity Name SOUTHERN DIVISION INC

Principal Place of Business

16300 GOLF CLUB RD(**APT 807**

FT. LAUDERALE, FL 33326

Mailing Address

508 WASHINGTON AVE IMMOKALEE, FL 33934

US

FILED May 03, 2004 08:00 AN Secretary of State

\$8.75 Additional

Fee Required



DO NOT WRITE IN THIS SPACE	04052004 No Chg-P	CR2E034 (10/03)
DO NOT WHITE IN THIS SPACE	4. FEI Number 59-0898617	Applied For Not Applicable

6. Name and Address of Current Registered Agent

SENFELD, STEPHEN 16300 GOLF CLUB RD FT. LAUDERDALE, FL 33326

DO	NOT	WRITE
IN	THIS	SPACE

5. Certificate of Status Desired

	,					
	named entity submits this statement for the plons of registered agent.	urpose of changing its registered	d office or re	pistered agent, or bo		
SIGNATURE	Signature, Uped or printed germs of registered agent and title is	I amplicable (NICTE Harlesteed	Anget elements of	quired when reinstating)	3/31/U.	4
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.		\$5.00 May Be Added to Fees	. , , , , , ,	<u></u>
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SENFELD, STEPHEN 16300 GOLF CLUB RD FT LAUDERDALE, FL 00000,	ed To			U00000152598	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	# ve	ones de la companya d		·	000000152598 05/04/04-80092-01	8 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1900		IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						- - 4
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated	certify that the information supplied with this fill on this report or supplemental report is true a	ing does not qualify for the exem	nption stated	in Section 119.07(3)	(i), Florida Statutes, I further certify	that the information

indicated on instruction suppressents report is true and accurate and triat my signature shall have the same regal effect as it 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 TYPE DOR PRIVATE NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #