2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #234171

1. Entity Name

SOUTHERN DIVISION INC



FILED Apr 17, 2008 08:00 Al Secretary of State

Principal Place of Business

16300 GOLF CLUB RD(

APT 807

FT. LAUDERALE, FL 33326

Mailing Address

508 WASHINGTON AVE

IMMOKALEE, FL 33934 US

02102008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-0898617

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SENFELD, STEPHEN

FT. LAUDE	LF CLUB RD ERDALE, FL 33326			THIS SPACE	
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 li	f applicable. (NOTE: Registered	d Agent signature required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		U00000303421 D4/30/08-80046-010 150.	חרו
10:	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SENFELD, STEPHEN 16300 GOLF CLUB RD FT LAUDERDALE, FL 00000,				
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WRITE	
TITLE NAME STREET ADDRESS : CITY-ST-71P			IN	THIS SPACE	
TITLE 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

E OF SIGNING OFFICER OR DIRECTOR