

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 334887

FILED
Jan 29, 2009
Secretary of State

Entity Name: STATE-SOUTHERN OF FLORIDA INC

Current Principal Place of Business:

P. O. BOX 523980
MIAMI, FL 331523980 US

New Principal Place of Business:

7330 NW 36 STREET
MIAMI, FL 33166 US

Current Mailing Address:

P. O. BOX 523980
MIAMI, FL 331523980 US

New Mailing Address:

FEI Number: 59-1287177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTMAN, IRVING
6420 S.W. 133RD DRIVE
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COHEN, ALBERT N
Address: 3400 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL

Title: S () Delete
Name: WALTMAN, IRVING
Address: 6420 SW 133RD DR
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: WALTMAN, IRVING
Address: 6420 SW 133RD DR
City-St-Zip: MIAMI, FL 33156

Title: VPD () Delete
Name: WALTMAN, SCOTT S
Address: 7330 N.W. 36TH STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COHEN, ALBERT N

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date