


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90069 026 \*\*\*155.00

<b>DOCUMENT # 372782</b>			
1. Entity Name <b>SOUTH AMERICAN INDUSTRIES, INC.</b>			
Principal Place of Business <b>170 31ST AVE SAINT PETERSBURG, FL 33706</b>		Mailing Address <b>170 31ST AVENUE SAINT PETERSBURG, FL 33706</b>	
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
6. Name and Address of Current Registered Agent <b>TURNERY, WILLIAM H. 170 31ST AVE SAINT PETERSBURG, FL 33706</b>		7. Name and Address of New Registered Agent Name <b>TURNERY, MARGARET E.</b> Street Address (P.O. Box Numbers Not Acceptable) <b>170 31ST AVE</b> <b>SAINT PETERSBURG</b> <b>FL</b> <b>33706</b>	
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 <i>MARGARET E. TURNERY</i> <b>MARGARET E. TURNERY</b> <b>4/16/08</b> (Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VS TURNERY, MARGAREY E 170 31ST AVENUE E ST PETERSBURG, FL 33706</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P TURNERY, WILLIAM H 170 31ST AVE SAINT PETERSBURG, FL 33706</b> <input checked="" type="checkbox"/> Delete <i>deceased</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.			
SIGNATURE: <i>MARGARET E. TURNERY</i> <b>MARGARET E. TURNERY</b> (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date <b>4/16/08</b> Daytime Phone # <b>727 363 6011</b>	



03312008 Chg-P CR2E034 (12/06)

4. FEI Number **59-1547626** Applied For ☐ Not Applicable ☐

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