2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2007 8:00 am Secretary of State 02-19-2007 90063 047 ***150.00

AUTORE INEL OIL							
DOCUMENT # 546676 1. Entity Name SOUTHERN CARTAGE, INC.							
Principal Place of Business 7210 NW 77 STREET MIAMI, FL 33166	Mailing Address 7210 NW 77 STREET MIAMI, FL 33166						

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Principal Place	e of Business	Mailing Address					PPA0449
7210 NW 77	STREET	7210 NW 77 STREET	•				
MIAMI, FL 33		MIAMI, FL 33166			•		
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			59-1763091 Not Applica				
				E Carillant	of Status Desired		8.75 Additional
		— — -		5. Cerimcale	of Status Desired		ee Required
	6. Name and Address of Current R	egistered Agent					
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MIAMI, FL	77 STREET		-				
THE STATE OF THE S	55150			IN ⁻	THIS SP	'ACE	•
						- 	
	named entity submits this statement for	the purpose of changing its register	ed office or registe	ered agent, or bo	th, in the State of Flo	orida. I am ta	miliar with, and accept
the obligat	tions of registered agent.	. //				~	10/00
SIGNATURE	the loca	14				_/	8107
	Signeture, typed or printed name of registered agent ar	pride il applicable. (NOTE: Registere	d Agent signature require	ed when nemetating)		DATE	
						<u> </u>	
FIL	E NOW!!! FEE IS \$150.00	 Election Campaign Finar Trust Fund Contribution. 		5.00 May Be			
After M	ay 1, 2007 Fee will be \$550.0	I Trast Faile Contribution.	^u	ided to rees			
10.	OFFICERS AND D	IRECTORS	1				
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NAME	MORA, NIVARDO						
STREET ADDRESS	5110 ORDUNA DR.						
CITY-ST-ZIP	CORAL GABLES, FL 33146		4				
TITLE	VP						
NAME STREET ADDRESS	MORA, JORGE 5110 ORDUNA DR						
CITY-SI-ZIP	CORAL GABLES, FL 33166						
	ST ST		1				
NAME	MORA, MIRKA				~		
STREET ADDRESS	5110 ORDUNA DR.						•
CITY-ST-ZIP	CORAL GABLES, FL 33146		ľ	DO	NOT W	RITE	•
TITLE			1	181 -		\^ <u>~</u>	
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12. I hereby i	certify that the information supplied with	his filing does not qualify for the ex-	emotions containe	ed in Chapter 119	Borida Statutos I	further certify	that the information

Indepty certary that the information supplied with this filling does not quality 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 reserver 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 of the corporation or the reserver 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 of the corporation or the reserver.

SIGNATURE:

NG DEFICER OR DIRECTOR