


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F04000000621		
1. Entity Name SOUTHEXUSA, INC.		

Principal Place of Business 2001 S. SAGASTA AVE TAMPA FL 33619	Mailing Address 2001 S. SAGASTA AVE TAMPA FL 33619
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2. Principal Place of Business 1700 W. WATERS Suite, Apt. #, etc. TAMPA, FL 33604 City & State	3. Mailing Address SAME Suite, Apt. #, etc. City & State
Zip Country USA	Zip Country

6. Name and Address of Current Registered Agent INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER FL 33761	7. Name and Address of New Registered Agent Name SANG VAN NGUYEN Street Address (P.O. Box Number is Not Acceptable) FL Zip Code
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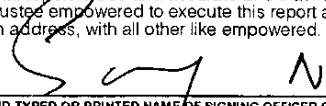
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP NGUYEN, SANG V 2001 S. SAGASTA AVE TAMPA FL 33619 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP NGUYEN, SANG V 1700 W. WATERS AVE TAMPA, FL 33604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400060051244 09/28/05--01050--028 **\$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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 exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:  SANG NGUYEN 9/20/05 784-6277

FILED

2005 SEP 26 PM 12:28

SECRETARY OF STATE 50066920
TALLAHASSEE, FLORIDA



2nd MOORE CR2E034 (5/05)

4. FEI Number 04-3735550	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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