

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 17, 2006 8:00 am  
Secretary of State**

04-17-2006 90387 033 \*\*\*150.00

40051742



04132006 Chg-P CR2E034 (11/05)

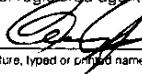
<b>DOCUMENT # F69690</b>		
1. Entity Name <b>SOUTHERN UNITED, INC.</b>		

Principal Place of Business <b>2544 NW 7 ST MIAMI, FL 33125</b>	Mailing Address <b>2544 NW 7 ST MIAMI, FL 33125</b>
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2. Principal Place of Business <b>Suite, Apt. #, etc.</b>	3. Mailing Address <b>Suite, Apt. #, etc.</b>
City & State <b>Zip</b>	City & State <b>Zip</b>
Country	Country

6. Name and Address of Current Registered Agent  <b>GARCIA, MYRA 3228 NE 169TH STREET NORTH MIAMI BEACH, FL 33160</b>		7. Name and Address of New Registered Agent  Name <b>MYRA GARCIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2201 So OCEAN DR #503</b> City <b>Hollywood</b> FL Zip Code <b>33019</b>
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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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **4/13/06**

FILE NOW!!! FEE IS \$150.00 <b>After May 1, 2006 Fee will be \$550.00</b>	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	PST GARCIA, MYRA 3228 NE 169TH STREET N MIAMI BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2201 So OCEAN DR #503 Hollywood FL 33019</b>
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
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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 **addition** with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/13/06** Daytime Phone # **305 642 4344**