## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 24, 2007 08:00 AM **DOCUMENT # G30435 Secretary of State** SOUTHBAY ECOSYSTEMS, INC. Principal Place of Business Mailing Address 313 LAYNE BLVD 313 LAYNE BLVD HALLANDALE, FL 33009 HALLANDALE, FL 33009 US 01132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4285030 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LESHAW, MARTIN B DO NOT WRITE 313 LAYNE BLVD. HALLANDALE, FL 33009 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS MIF NAME LESHAW, MARTIN B STREET ADDRESS 313 LAYNE BLVD. CITY-ST-ZIP HALLANDALE, FL 33009 m F U00000599916 NAME 01/25/07-80048-022 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

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 all other like empowered.

CICNATIDE.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

BERTRAM J. GO 42 SMITH, JR.

12/07 305