

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90035 004 ***150.00

DOCUMENT # H78955

1. Entity Name
SOUTHERN CONE TRADING COMPANY



Principal Place of Business

**1001 BRICKELL BAY DR.
STE 1508
MIAMI, FL 33131 US**

Mailing Address

**1001 BRICKELL BAY DR.
STE 1508
MIAMI, FL 33131 US**

2. Principal Place of Business

100 Southeast Second St.

Suite, Apt. #, etc.

Suite 3300

City & State

MIAMI, FL

Zip

33131

Country

3. Mailing Address

% Thomas J. Skola, Esq.

Suite, Apt. #, etc.

100 Southeast Second

City & State

STREET, Ste 3300

Zip

33131

Country



02032006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2585176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SKOLA, THOMAS J.
1001 BRICKELL BAY DR., SUITE 1508
STE 602
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **SKOLA, THOMAS J.**

Street Address (P.O. Box Number is Not Acceptable)

100 Southeast Second Street, Suite 3300

City **MIAMI**

FL 33131-2148

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **SKOLA, THOMAS J.**
STREET ADDRESS **1001 BRICKELL BAY DR., SUITE 1508**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
NAME **SKOLA, THOMAS J.**
STREET ADDRESS **100 Southeast Second Street, Suite 3300**
CITY-ST-ZIP **MIAMI, FL 33131-2148**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/06

(305) 577-3988