

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90311 029 ***150.00

DOCUMENT # L17532

1. Entity Name

SOUTHERN BROKERS EXCHANGE, INC.



Principal Place of Business

19645 SW 264 ST.
HOMESTEAD FL 33031
US

Mailing Address

P.O. BOX 343429
FLORIDA CITY FL 33034
US



2. Principal Place of Business

35303 SW 180 Ave
Suite, Apt. #, etc.
Lot 360

3. Mailing Address

P.O. Box 343429
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

FLORIDA CITY FL

City & State

FLORIDA CITY FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

33034

Country

USA

Zip

33034

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASSO, FRANK SR.
19645 SW 264 ST.
HOMESTEAD FL 33031

7. Name and Address of New Registered Agent

Name

BASSO FRANK SR

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

35303 SW 180 Ave Lot 360

City

FLORIDA CITY

FL

Zip Code

33034

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BASSO, FRANK SR.
STREET ADDRESS 19645 SW 264 ST.
CITY-ST-ZIP HOMESTEAD FL

TITLE ST ☐ Delete
NAME DELLINGER, JO ANN
STREET ADDRESS 19645 SW 264 ST.
CITY-ST-ZIP HOMESTEAD FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD ☐ Change ☐ Addition
NAME BASSO, FRANK SR
STREET ADDRESS 35303 SW 180 Ave Lot 360
CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE ST ☐ Change ☐ Addition
NAME DELLINGER, JO ANN
STREET ADDRESS 35303 SW 180 Ave Lot 360
CITY-ST-ZIP FLORIDA CITY FL 33034

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

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

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

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 Section 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:

Jo Ann Dellinger, ST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-06

Date

305-247-0572

Daytime Phone #