

**606 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M30971

1. Entity Name
SOUTH AMERICAN ORGANIZATION CORPORATION



Principal Place of Business
**9300 NW 25 ST #102
MIAMI, FL 33172 US**

Mailing Address
**9300 NW 25 ST #102
MIAMI, FL 33172 US**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2668519

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ARVESU, MANUEL M ESQ.
100 S.E. 2ND STREET
SUITE 3700
MIAMI, FL 33131**

**DO NOT WRITE
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)

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**

**1100000389744
01/20/06-80057-005 150.**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	JURADO, ELIZABETH M.
STREET ADDRESS	9300 NW 25 ST.,#101-2
CITY-ST-ZIP	MIAMI, FL
TITLE	VT
NAME	JURADO, MARIE J
STREET ADDRESS	9300 NW 25 ST.,#101-2
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

11/10/06
Date

305 592 5307
Daytime Phone #