2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M54454

GULF SOUTH FOREST PRODUCTS, INC.



FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3038 N. FEDERAL HIGHWAY BUILDING L

FORT LAUDERDALE, FL 33306

P.O. BOX 39299

FORT LAUDERDALE, FL 33339

01252007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0002925

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

YOHANAN, SAM 3038 NORTH FEDERAL HIGHWAY **BUILDING L** FORT LAUDERDALE, FL 33306

SIGNATURE:

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					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000607685 01/31/07 80047-017 158.75
10.	OFFICERS AND DIRECTORS				01.001 110-19000-1011 100.10
NAME STREET ADDRESS CITY-ST-ZIP	DCT YOHANAN, SAM 3038 N FED HWY BLDG L FT. LAUDERDALE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS YOHANAN, JOHN 3038 N FEDERAL HWY BLDG L FORT LAUDERDALE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					
 I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this 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 it trusted employee and the exemption of the corporation or the receiver it trusted employee and the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true. 					

NTED NAME OF SIGNING OFFICER OR DIRECTOR