

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000008071

1. Entity Name
SOUTHERN TRUST SECURITIES HOLDING CORP.



Principal Place of Business
2121 PONCE DE LEON BLVD
SUITE 340
CORAL GABLES, FL 33134

Mailing Address
2121 PONCE DE LEON BLVD
SUITE 340
CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

03162005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0985914

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ESCOBIO, ROBERT J
2121 PONCE DE LEON BLVD.
SUITE 340
CORAL GABLES, FL 33134

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
CCEO
ESCOBIO, ROBERT J
STREET ADDRESS
2121 PONCE DE LEON BLVD. STE. 340
CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
NAME
D
ESCOBIO, ROBERT J
STREET ADDRESS
2121 PONCE DE LEON BLVD. STE. 340
CITY-ST-ZIP
MIAMI, FL 33134

TITLE
NAME
STD
ESCOBIO, SUSAN
STREET ADDRESS
2121 PONCE DE LEON BLVD. STE 340
CITY-ST-ZIP
MIAMI, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/30/05-80007-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Susan Escobio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05

Date

305-446-4800

Daytime Phone #