2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000056828

1. Entity Name
SOUTH ATHLETICS, INC.

Principal Place of Business	Mailing Address
20424 NE 16TH PLACE	20424 NE 16TH PLACE
NORTH MIAMI BEACH, FL 33179	NORTH MIAMI BEACH, FL 33179

DO NOT WRITE IN THIS SPACE

01282008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1012982	Not Applicable

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

6. Name and Address of Current Registered Agent

ALBILIA, HANAN
20424 NE 16TH PLACE
NORTH MIAMI BEACH, FL 33179

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 **X** _____

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U000000806668
02/06/08-80052-003 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	DP	
NAME	ALBILIA, HANAN	
STREET ADDRESS	20424 NE 16TH PLACE	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	DS	
NAME	NEUWIRTH, JONATHAN	
STREET ADDRESS	20424 NE 16TH PLACE	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: _X_ _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #