

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000103661

1. Entity Name
SOUTHSIDE INTERNATIONAL, INC.



Principal Place of Business
**5560 NW 61ST STREET
APT 711
COCONUT CREEK, FL 33073**

Mailing Address
**5560 NW 61ST STREET
APT 711
COCONUT CREEK, FL 33073**



01252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1089154

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANTO, DECIO E
5560 NW 61ST STREET
APT 711
COCONUT CREEK, FL 33073**

**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

S. Santo

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, 2004 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 STREET ADDRESS CITY - ST - ZIP	PD SANTO, DECIO E 5560 NW 61ST STREET APT 711 COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SANTO, JANE E 5560 NW 61ST STREET APT 711 COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FORTES, CASSIA 3570 W HILLSBORO BLVD #207 COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SWENSEN, CATIA 5648 NW 127 TERR CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/03/04-80099-004 150.00

**DO NOT WRITE
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)(i), 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 registered 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

S. Santo

JAN/25/2004 (954) 427-8067

DATE

Daytime Phone #