## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000103661

Title:

Name:

Address:

City-St-Zip:

Entity Name: SOUTHSIDE INTERNATIONAL, INC.

() Delete

CORAL SPRINGS, FL 33076

SWENSEN, CATIA

5648 NW 127 TERR

FILED Feb 08, 2009 Secretary of State

Current Principal Place of Business:				ı	New Principal Place of Business:		
7805 NW 123 AVE POMPANO BEACH, FL 33076				1	1631 SOUTH FEDERAL HWY APT. # 508 POMPANO BEACH, FL 33062		
Current Mailing Address:					New Mailing Address:		
7805 NW 1 APT 711 POMPANO	23 AVE BEACH, FL	33076		1	1631 SOUTH FEDERAL APT. #508 POMPANO BEACH, FL		
FEI Number:	65-1089154	FEI Nu	mber Applied For ( )	FEI Numb	ber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				ı	Name and Address of New Registered Agent:		
SANTO, DECIO E 7805 NW 123 AVE POMPANO BEACH, FL 33076 US					SANTO, DECIO E 1631 SOUTH FEDERAL HWY APT # 508 POMPANO BEACH, FL 330762 US		
The above in the State		submits t	this statement for the p	urpose of	changing its registered o	office or registered agent, or both,	
SIGNATUR	RE: DECIO E	SANTO				02/08/2009	
	Electron	nic Signa	ture of Registered Age	nt		Date	
Election Carr	npaign Financin	g Trust Fu	und Contribution ( ).				
OFFICERS AND DIRECTORS:				į	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( SANTO, DECIC 1631 SOUTH F POMPANO BE	EDERAL H		1	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP ( SANTO, JANE 1631 SOUTH F POMPANO BE	EDERAL H		1	Fitle: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	T ( FORTES, CAS 3570 W HILLS		/D #007	1	Title: ( Name: Address:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DECIO E SANTO P 02/08/2009

(X) Change ( ) Addition

SWENSEN, CATIA

7805 NW 123 AVENUE

PARKLAND, FL 33076