

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT# P01000050966 1. EntityName STARTSOUTH,INC.	
--	---

PrincipalPlaceofBusiness 624 NE 12TH AVE APT B FORT LAUDERDALE, FL 33304	MailingAddress 624 NE 12 AVE. FORT LAUDERDALE, FL 33304
---	--

DO NOT WRITE IN THIS SPACE



01152004 NoChg-P CR2E034(10/03)

4. FEI Number 65-1113198	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FAGA, ALEJANDRO 8550 BYRON AVE #2J MIAMI BEACH, FL 33141
--

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, the registered agent.

SIGNATURE  Signature typed or printed of a member, officer, director, and title if applicable.	(NOTE: Registered Agent's signature required when re-instating)	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	U000000126107 04/23/04-80020-021 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	FAGA, ALEJANDRO
STREET ADDRESS	624 NE 12TH AVE APT B
CITY - ST - ZIP	FORT LAUDERDALE, FL 33304
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 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 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:  SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04/17/04 Date	Daytime Phone #
--	--	--------------------------------