


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90151 004 ***150.00

DOCUMENT # P01000101688	
1. Entity Name SOUTH INTERNATIONAL GROUP INC.	

Principal Place of Business 5495 MONTERREY CIRCLE 7 DELRAY BEACH, FL 33484	Mailing Address 5495 MONTERREY CIRCLE 7 DELRAY BEACH, FL 33484
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2. Principal Place of Business 353 NE 211 Terr.	3. Mailing Address 353 NE 211 Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Aventura, FL	City & State Aventura, FL
Zip 33179	Country US
Zip 33179	Country US

04012005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1150625	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SALINAS, HUGO 3497 S.W. 169 TERRACE MIRAMAR, FL 33027	
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7. Name and Address of New Registered Agent Name Roy Perez: 2880C. PA Street Address (P.O. Box Number is Not Acceptable) 13935 NW 1st Ave City Miami FL Zip Code 33168	
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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 Ramon [Signature] / Pres. DATE 4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALINAS, HUGO 3497 SW 169 TERRACE MIAMI, FL 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABUAF, ISAAE 5881 TOWN BAY DR.913 BOCA RATON, FL 33486 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Abuaf, Isaac 353 NE 211 Terr. Aventura, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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	
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SIGNATURE: Isaac Abuaf / Pres. DATE 4/25/05 786-290-7171
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>