

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90300 049 \*\*\*150.00

**DOCUMENT # P01000115655**

1. Entity Name

SOUTH TRUST CREDIT LINE, INC.



Principal Place of Business

8433 WEST OKEECHOBEE ROAD  
HIALEAH GARDENS, FL 33016

Mailing Address

8433 WEST OKEECHOBEE ROAD  
HIALEAH GARDENS, FL 33016

**40063499**



**DO NOT WRITE IN THIS SPACE**

03312005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1159570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VALDES, PABLO J  
8433 W. OKEECHOBEE RD.  
HIALEAH GARDENS, FL 33016

**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

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, 2005 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  
PSD  
VALDES, PABLO  
8433 WEST OKEECHOBEE ROAD  
HIALEAH GARDENS, FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pablo J. Valdes*  
**Pablo J. Valdes** 4/14/05 305)822-8000

Date

Daytime Phone #