

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115655

FILED
Apr 21, 2009
Secretary of State

Entity Name: SOUTH TRUST CREDIT LINE, INC.

Current Principal Place of Business:

8433 WEST OKEECHOBEE ROAD
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

12484 NW SOUTH RIVER DR
MEDLEY, FL 33178

Current Mailing Address:

8433 WEST OKEECHOBEE ROAD
HIALEAH GARDENS, FL 33016

New Mailing Address:

12484 NW SOUTH RIVER DR
MEDLEY, FL 33178

FEI Number: 65-1159570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

VALDES, PABLO J
12484 NW SOUTH RIVER DR
MEDLEY, FL 33178 US

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.

SIGNATURE:

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: VALDES, PABLO
Address: 8433 WEST OKEECHOBEE ROAD
City-St-Zip: HIALEAH GARDENS, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: VALDES, PABLO
Address: 12484 NW SOUTH RIVER DR
City-St-Zip: MEDLEY, FL 33178

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.

SIGNATURE: PABLO J VALDES

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date