


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90003 022 ***150.00

DOCUMENT # P02000034290 1. Entity Name SOUTH FUTURES, INC.			
Principal Place of Business 4184 INGRAHAM HWY. MIAMI, FL 33133		Mailing Address 4184 INGRAHAM HWY. MIAMI, FL 33133	
2. Principal Place of Business 7210 RED RD. Suite, Apt. #, etc. 206 C		3. Mailing Address 13300 S.W. 59 AVE Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33143		Zip 33156	
Country USA		Country USA	
4. FEI Number 65-0655469		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, STEPHEN W 4184 INGRAHAM HWY. MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Smith, Stephen W. Street Address (P.O. Box Number is Not Acceptable) 13300 S.W. 59 AVE City MIAMI FL Zip Code 33156	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 3/20/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D SMITH, STEPHEN W 4184 INGRAHAM HWY. MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13300 S.W. 59 AVE. MIAMI, FL 33156
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 3/20/04	

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03202004 Chg-P CR2E034 (10/03)