

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128756

FILED
Feb 09, 2004
Secretary of State

Entity Name: SOUTHFORCE INTERNATIONAL CORP.

Current Principal Place of Business:

375 W. 51 ST.
HIALEAH, FL 33012

New Principal Place of Business:

1908 N.W. 82ND AVENUE
MIAMI, FL 33126

Current Mailing Address:

375 W. 51 ST.
HIALEAH, FL 33012

New Mailing Address:

1908 N.W. 82ND AVENUE
MIAMI, FL 33126

FEI Number: 77-0613319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREIRE, GALO
375 W. 51 ST.
HIALEAH, FL 33012

Name and Address of New Registered Agent:

FREIRE, GALO
1908 N.W. 82ND AVENUE
MIAMI, FL 33126

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: GALO FREIRE

02/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: FREIRE, GALO
Address: 375 W. 51 ST.
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: FREIRE, MERCHAN
Address: 375 W. 51 ST.
City-St-Zip: HIALEAH, FL 33012

Title: S (X) Delete
Name: FREIRE, GEOCONDA E
Address: 375 W. 51 ST.
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: FREIRE, GALO
Address: 1908 N.W. 82ND AVENUE
City-St-Zip: MIAMI, FL 33126

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GALO FREIRE

PTSD

02/09/2004

Electronic Signature of Signing Officer or Director

Date