## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000130228

HALPERIN, JACK H ESQ.

10185 COLLINS AVENUE

BAL HARBOUR, FL 33154 US

Name:

Address:

City-St-Zip:

Entity Name: SOUTHERN CONSULTANTS OF AMERICA, INC.

FILED Mar 12, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
10185 COI SUITE # 1:	LLINS AVENUE 509				
	BOUR, FL 33154	US			
Current M	lailing Address:		New Mailing Address	<b>s:</b>	
	LLINS AVENUE				
SUITE # 1: BAL HARE	309 BOUR, FL 33154	US			
FEI Number	: F	El Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SARASUA, ALBERTO ESQ			ROTH, JAY		
442 HAMPTON LANE KEY BISCAYNE, FL 33149		US		6592 VILLA SONRISA DRIVE BOCA RATON, FL 33433 US	
	named entity sub e of Florida.	mits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: JAY ROTH				03/12/2008	
	Electronic S	Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing Tr	ust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	P () Del	ete	Title:	( ) Change ( ) Addition	
Name:	JACOBS, TUERA		Name:		
Address:	10185 COLLINS AV		Address:		
City-St-Zip:	BAL HARBOUR, FL	33154 US	City-St-Zip:		
Title:	T () Del	ete	Title:	() Change () Addition	
Name:	ROTH, JAY		Name:		
Address:	10185 COLLINS AV		Address:		
City-St-Zip:	BAL HARBOUR, FL	33154 US	City-St-Zip:		
Title:	SECT () Del	ete	Title:	( ) Change ( ) Addition	
Name: QUIROS, SANCHEZ, JOANN		Name:	· · · · · · · · · · · · · · · · · · ·		
Address: 10185 COLLINS AVENUE		Address:			
City-St-Zip:	BAL HARBOUR, FL	33154 US	City-St-Zip:		
Title:	VP () Del	ete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOANN SANCHEZ QUIROS SECT 03/12/2008