2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000105274

1. Entity Name
SOUTH BANANA, INC.

Principal Place of Business	Mailing Address
925 NORTH COURTENAY PARKWAY SUITE 28 MERRITT ISLAND, FL 32953	925 NORTH COURTENAY PARKWAY SUITE 28 MERRITT ISLAND, FL 32953

DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1452707
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOHRR, PHILIP F
1800 WEST HIBISCUS BLVD SUITE 138
MELBOURNE, FL 32901

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000786976
01/17/08-80064-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KODSI, MAURICE
STREET ADDRESS	PO BOX 320219
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	P
NAME	KODSI, MAURICE
STREET ADDRESS	P O BOX 320637
CITY-ST-ZIP	COCOA BEACH, FL 32932
TITLE	VP
NAME	KODSI, ROBERT D
STREET ADDRESS	P. O. BOX 320219
CITY-ST-ZIP	COCOA BEACH, FL 32932
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Maurice Kodsi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #