

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90012 018 ***150.00

DOCUMENT # P04000128187 1. Entity Name SOUTHERN FUNDING SERVICES, INC.					
Principal Place of Business 603 SE 3RD AVE SUITE 201 TAMARAC FL 33304				Mailing Address 603 SE 3RD AVE SUITE 201 TAMARAC FL 33304	
2. Principal Place of Business - No P.O. Box # 4646 NW 44TH STREET Suite, Apt. #, etc.		3. Mailing Address 4646 NW 44TH STREET Suite, Apt. #, etc.			
City & State TAMARAC, FL		City & State TAMARAC, FL		4. FEI Number 73-1718308	
Zip 33319		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROCHA, DENNISE 603 SE 3RD AVE SUITE 201 TAMARAC, FL 33304 4646 NW 44TH STREET TAMARAC, FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D <input type="checkbox"/> Delete ROCHA, DENNISE 603 SE 3RD AVE SUITE 201 TAMARAC, FL 33304		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete ROCHA, DENNISE 4646 NW 44TH STREET TAMARAC, FL 33319		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Dennise Rocha</i></u> DENNISE ROCHA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/26/07 (954)673-5594 <small>Date Daytime Phone #</small>		