2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000164049 1. Entity Name SOUTH MANAGEMENT GROUP, INC.					SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAY 16 AM 10: 23			
7540 NW 8 ST		Mailing Address 7540 NW 8 ST MIAMI, FL 33126		05	MAY 16	AM IU. 23		
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05132005	Chg-P	hg-P CR2E034 (10/03)		
City & State		City & State			4. FEI Numbe	er X Applied For Not Applicable		
Zip	Country	Zip	Zip Country		5. Certificate	of Status Desired	\$8.75 Ac	ditional
	6. Name and Address of Current Re	egistered Agent	N	lame	7, Name and	Address of New	Registered Agent	
FERRAN, OSMIN 7540 NW 8 ST MIAMI, FL 33126				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	33126			•				
			С	City			FL Zip Co	de
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 pegistered agent. Signature (NOTE: Registered Agent signature required when remaiting) OATE								
FILE NOWIII FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution.					00 May Be ed to Fees		with s. 607.193(2)(b) d not receive the prior	
10.	OFFICERS AND D		11.	1	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTO	
NAME STREET ADDRESS	FERRAN, OSMIN 7540 NW 8 ST MIAMI, FL 33128	☐ Delete	name Street ac City-St-1	· · ·	05/2	00055 4/05010	5191135 52802 **1	□ Addition 3 58.75
name Street address	VP FERRAN, RAMONA 7540 NW 8 8T	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
			TITLE	ZP			Change	☐ Addition
name Street address	VILLALON, PATRICIA NAM			DDAESS Zip				
TITLE NAME	S FERRANON, OSMIN JR 7540 NW 8 ST MIAMI, FL 33126	🔀 Delate	TITLE NAME STREET AL				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Octobe	TITLE NAME STREET AC				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\sim	☐ Delete	TITLE NAME STREET AL				☐ Change	☐ Addition
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 attack ment with an address, with all other like empowered.								
SIGNAT	URE: SIGNATURE AND TYPED OR PR	INTED MANTE OF SIGNING OFFICER OR	DIRECTOR		5	13/200	5 365-26 Daysme Phone I	07 5317