FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05000040706

1. Entity Name

Southern States Promotions, Corp.

DO NOT WRITE IN THIS SPACE

FILED

07 MAY -2 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300102233423
05/14/07--01003--019 **150.00

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2. Principal Place of Business	3. Mailing Address
3000 SW 128 AVE Suite, Apt. #, etc.	SAME Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33175 Country: US	Zip Country

4. FEI Number: 42-1642916 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: JUAN J. STEFANO

Street Address (P.O. Box Number is Not Acceptable):

3000 SW 128 AVE

City: MIAMI FL 33175

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.

SIGNATURE: [signature] [signature]
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE P NAME JUAN J. STEFANO STREET ADDRESS 3000 SW 128 AVE CITY-ST-ZIP MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP NAME LESLIE C. STEFANO STREET ADDRESS 3000 SW 128 AVE CITY-ST-ZIP MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E054B (12/01)