2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P05000047035 01-12-2006 90193 011 ***158.75 SOUTHLAND RIDES, INC. Principal Place of Business Mailing Address 13480 SW 281 ST 13480 SW 281 ST HOMESTEAD, FL 33033 HOMESTEAD, FL 33033 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-26191 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSEPH, PEREIRA A JR Street Address (P.O. Box Number is Not Acceptable) 10300 SW 72 ST 470J MIAMI, FL 33173 City Zip Code 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 fille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Detete ☐ Change ☐ Addition RANDY, SCARBERRY JR NAME NAME STREET ADDRESS 13480 SW 281 ST STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33033 CITY-ST-ZIP me □ Detete tme ☐ Change ☐ Addition SCARBERRY, STACY STREET ADDRESS 13480 SW 281 ST STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33033 CITY-ST-ZIP TITLE ☐ Delete Addition TITLE Change NAME NAME STREET ADORESS STREET ADDRESS COY-ST-ZIP CITY-ST-7IP IIILE ☐ Celete MILE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CHY-ST-78 TILLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 charged, or on an attachment with an address, with all office the graph with a graph

FILED

Jan 12, 2006 8:00 am