2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000143647

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FILED Jan 17, 2006 Secretary of State

Entity Name: SOUTHERN APPAREL EXHIBITORS, INC.

Current Principal Place of Business:		New Princi	New Principal Place of Business:	
777 NW 7: 3098	2 AVENUE			
MIAMI, FL	33126			
Current M	lailing Addre	ss:	New Mailin	g Address:
	2 AVENUE			
3098 MIAMI, FL	33126			
FEI Number	: 59-6071516	FEI Number Applied For ()	FEI Number Not Applic	able () Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and A	Address of New Registered Agent:
777 NW 7 3098 MIAMI, FL	DONNA R 2 AVENUE 33126 US	submits this statement for the c	ourpose of changing its	registered office or registered agent, or bot
n the State	e of Florida.			
n the State	e of Florida. RE:		ent	Date
n the State	e of Florida. RE: Electro	nic Signature of Registered Age	ent	Date
n the State	e of Florida. RE: Electrol mpaign Financin	nic Signature of Registered Age g Trust Fund Contribution ().		
n the State BIGNATUI Election Car OFFICER Fitle: Name: Address:	e of Florida. RE: Electrol mpaign Financin S AND DIRECT P/D (CARROLL, TO	nic Signature of Registered Age g Trust Fund Contribution (). TORS:) Delete M ENUE, SUITE 3098		Date S/CHANGES TO OFFICERS AND DIRECT () Change () Addition
n the State	e of Florida. RE: Electron mpaign Financin S AND DIRECT P/D (CARROLL, TO 777 NW 72 AV MIAMI, FL 331 V/D (GIESE, PAULE	nic Signature of Registered Age g Trust Fund Contribution (). TORS:) Delete M ENUE, SUITE 3098 26) Delete TTE ENUE, SUITE 3098	ADDITIONS Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECT
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I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM CARROLL PD 01/17/2006