2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DEEP SOUTH SURPLUS OF FLORIDA, INC. OB NOV -1, PM 2: 57 SECRETARY OF STATE TALL AHASSEE, FI ORDY	DOCUMENT # P05000147219						FILED					
SUITE 1450 MMM, FL 33131 SURE API, #, etc. Sure, API, #, etc. City & State Country Zip Zip Zip Zip Zip Zip Zip Zi	1. Entity Name DEEP SOUTH SURPLUS OF FLORIDA, INC.						08 NOV -4 PM 2: 57					
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2. Principal Place of Business - No P.O. Box # 3. Melling Address Suite, Apt. 4, doc Suite Cov. 6 State Cov. 6 State Applied For Ap	801 BRICKEL SUITE 1450	L AVENUE	801 BRICKELL AVENUI SUITE 1450	801 BRICKELL AVENUE SUITE 1450			Ţ	ALLAHASS!	EE, FI.O	शेल?		
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20 Country 2p Country 5, Certificate of Status Desired \$8.75 Additional Fea Sequence F	City & State		City & State									
FRONTE: JAMES C 801 BRICKELL AVENUE SITE 1450 MIAMI, FL 33131 City FL 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. The memiliar with, and accept the obligations of registered agent, or both, in the State of Florida. The memiliar with, and accept the obligations of registered agent, or both, in the State of Florida. The memiliar with, and accept the obligations of registered agent, or both, in the State of Florida. The memiliar with, and accept the obligations of registered agent, or both, in the State of Florida. The memiliar with, and accept the obligations of registered agent, or both, in the State of Florida. The memiliar with, and accept the obligations of registered agent, or both, in the State of Florida. The memiliar with, and accept the obligations of registered agent, or both, in the State of Florida. The memiliar with, and accept the obligations of registered agent, or both, in the State of Florida. The memiliar with, and accept the obligations of registered agent, or both, in the State of Florida. The memiliar with, and accept the obligations of registered agent, or both, in the State of Florida. The memiliar with, and accept the property of the state of the obligations of registered agent, or both, in the State of Florida. The memiliar with, and accept the property of the state of the obligations of the registered agent, or both, in the State of Both of The State of The	Zip	Country	Zip	Coun	ntry					\$8.75 Add	ditional	
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Store Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or box, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: 8. The above named entity submits this statement for the purpose of changing its registered agent, or box, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signatures: Sign	FRONTE JAMES C					Name						
Eigh 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	801 BRICK	CELL AVENUE		Street Addres			(P.O. Box Number is Not Acceptable)					
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 Fordiat. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatural, holed or printed name of registered agent and title if application. (NOTE Registered Agent Registered agent, or both, in the State of Fordiat. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatural, holed or printed name of registered agent. SIGNATURE Signatural, holed or printed name of registered agent. SIGNATURE Signatural, holed or printed name of registered agent. SIGNATURE Signatural, holed or printed name of registered agent. SIGNATURE Signatural, holed or printed name of registered agent. SIGNATURE SIGNATURE Signatural, holed or printed name of registered agent. SIGNATURE SIGN				:								
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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 of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SECYPTAYU 10 9 2 008 2144934235			100	1		(04.	2 N.Sh	ite Hwu l	bl. Svi	te 100		
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