

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

07-17-2006 90143 020 ***150.00

DOCUMENT # P05000160270

1. Entity Name
SOUTHERN CARRIER GROUP CORP.



Principal Place of Business
14834 SW 42 CT
MIRAMAR, FL 33025

Mailing Address
14834 SW 42 CT
MIRAMAR, FL 33025

66022343



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07092006

Chg-P

CR2E034 (11/05)

4. FEI Number

203900543

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ECHEVARRIA, MARIA E
14834 SW 42 CT
MIRAMAR, FL 33025

Name

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 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 state if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ECHEVARRIA, MARIA E	
STREET ADDRESS	14834 SW 42 CT	
CITY-STATE-ZIP	MIRAMAR, FL 33025	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ECHEVARRIA, CARLOS	
STREET ADDRESS	14834 SW 42 CT	
CITY-STATE-ZIP	MIRAMAR, FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-STATE-ZIP		
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Echevarria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/06

754 423 0600
Daytime Phone