

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000017083

1. Entity Name  
SOUTHEXUSA, INC.



FILED  
07 SEP 25 PM 2: 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1700 W. WATERS AVE., STE. 2  
TAMPA, FL 33604

Mailing Address  
1700 W. WATERS AVE., STE. 2  
TAMPA, FL 33604

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08172007

Chg-P

CR2E034 (12/06)

4. FEI Number

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

NGUYEN, SANG VAN  
1700 W. WATERS AVE., STE. 2  
TAMPA, FL 33604

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME NGUYEN, SANG VAN ☐ Delete  
STREET ADDRESS 1700 W. WATERS AVE., STE. 2  
CITY-ST-ZIP TAMPA, FL 33604

TITLE ☐ Change ☐ Addition  
NAME 700109897167  
STREET ADDRESS 09/25/07--01034--021 \*\*558.75  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #