

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90277 034 \*\*\*150.00

<b>DOCUMENT # P95000021870</b> 1. Entity Name <b>SOUTH INVESTORS INC.</b>																																																																							
Principal Place of Business <b>848 BRICKELL KEY DRIVE</b> <b>#902</b> <b>MIAMI, FL 33131</b>			Mailing Address <b>848 BRICKELL KEY DRIVE</b> <b>#902</b> <b>MIAMI, FL 33131</b>																																																																				
2. Principal Place of Business <b>801 Brickell Key Blvd #1604</b> Suite, Apt. #, etc. <b>#1604</b>			3. Mailing Address <b>801 Brickell Key Blvd #1604</b> Suite, Apt. #, etc. <b>#1604</b>																																																																				
City & State <b>Miami Florida</b>			City & State <b>Miami Florida</b>																																																																				
Zip <b>33131</b>		Country <b>U.S.A.</b>		4. FEI Number <b>65-0574211</b>																																																																			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Chg-P CR2E034 (10/03)																																																																			
6. Name and Address of Current Registered Agent  <b>FITA, CARLOS</b> <del><b>848 BRICKELL KEY DRIVE</b></del> <del><b>#902</b></del> <b>MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>Fita Carlos</b> Street Address (P.O. Box Number is Not Acceptable) <b>801 Brickell Key Blvd #1604</b> City <b>Miami</b> <b>FL</b> <b>33131</b>																																																																				
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">D FITA, CARLOS</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">Fita Carlos</td> <td style="width: 20%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">848 BRICKELL KEY DRIVE #902</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">801 Brickell Key Blvd #1604 Miami-FL33131</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">MIAMI, FL 33131</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D FITA, CARLOS	<input type="checkbox"/> Delete	TITLE	Fita Carlos	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	848 BRICKELL KEY DRIVE #902		NAME	801 Brickell Key Blvd #1604 Miami-FL33131		STREET ADDRESS	MIAMI, FL 33131		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.																																																																							
<b>SIGNATURE:</b>  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																							
<small>Date _____ Daytime Phone # _____</small>																																																																							