## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 14, 2004 8:00 am Secretary of State 05-12-2004 90207 043 \*\*\*150.00

Principal Place of Business	DOCUMENT # P95000059150  1. Entity Name SOUTHERN ASSOCIATED SERVICES, INC.				03-12-2001-90207-0	130.00	
PO BOX 030321 FT. LAIDERDALE, FL 33303-0301 US FT. LAIDERDALE, FL 33315  FORTH AUDIENDALE, FL 33315  FT. LAIDERDALE, FL 33315  FT. LAIDERDALE, FL 33315  FT. LAIDERDALE, FL 33315  FT. LAIDERDALE, FL 33315  State, Active, and Address of New Paragraphers of Appendix Append	000, 11, 11, 11, 10, 10, 11, 11, 11, 11,				<u></u>		
FI. LAIDERDALE, FI. 33303-0301 US  FI. LAIDERDALE, FI. 33303-03021 US  2. Principal Place of Business  3. Mailing Address  Sulle, Apt. # etc.  City & State  City City  City  FIL Zo Code  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Application  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Application  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Application  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  Satina Apt. # etc.  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  Satina Apt. # etc.  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  Satina Apt. # etc.  Satina Apt. # etc.  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  Satina Apt. # etc.  Satina Apt. # etc.  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  Satina Apt. # etc.  Satina Apt. # etc.  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  Satina Apt. # etc.  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  D1132004 City P GR2E004 (10/05)  Satina Apt. # etc.  D1132004	Principal Place of Business Mailing Address						
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City 6 State  Cry 6 State  Cry 6 State  Cry 6 State  Cry 6 State  A FEI Number  65-0618943  For Regulated  For Regulated Agent  For Regulated  For Regulated Agent	Principal Place of Business     3. Mailing Address			· · <u> </u>			
Top   Country   Zip   Country   Zip   Country   S. Certificate of Satus Desired   S. T. Additional Feb Regulated   S. T. Additional Feb Regulated   S. Certificate of Satus Desired   S. T. Additional Feb Regulated   S. T. Addition	Suite, Apt. #, etc. Suite, Apt. #, etc.					·	
BRUCE. STEVEN F 3330 SW 3RD AVE: ************************************	City & State					<del>  </del>	
BRUCE, STEVEN F 3350 SW 3RD AVE: #49  570RT LAUDERDALE, FL 33315  6. The above named early submits this statement for the purpose of changing its registered agent, or both, in the State of Foods. I am lamitiar with, and accept the obligations of registered agent.  5(City FL Zo Code  6. The above named early submits this statement for the purpose of changing its registered agent, or both, in the State of Foods. I am lamitiar with, and accept the obligations of registered agent.  5(City FL Zo Code  6. The above named early submits this statement for the purpose of changing its registered agent, or both, in the State of Foods. I am lamitiar with, and accept the obligations of registered agent.  5(City FL Zo Code  6. Eloction Carrossign Financing  7 FALE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$350.00  After May 1, 2004 Fee will be \$350.00  6. Eloction Carrossign Financing  7 FALE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$350.00  7 FALE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$350.00  9. Eloction Carrossign Financing  55,00 May 8 be  Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  8 Gray 1 Addition  10. September 1 Addition  10. OFFICERS AND DIRECTORS  10. International Carrossign Financing  10. September 1 Addition  10. September 1 Addition  10. OFFICERS AND DIRECTORS  10. International Carrossign Financing  10. Eloction Carrossign Financing  10. Eloction Carrossign Financing  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. Carross  10. Eloction Carrossign Financing  10. Eloction Carrossign Financing  10. Eloction Carrossign Financing  10. Eloction Carrossign Financing  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. Carrossign Financing  10. Eloction Carrossign Financing  10. Eloction Carrossign Financing  10. Eloction Carrossign Financing  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. Carrossign Financing  10. Eloction Carrossign Financing  10. Eloction Carrossign Financing  11. ADDITIONS/CH	Zip		<u> </u>	Country	5. Certificate di Status Desired	e Required	
Stream Audress (P.O. Box Number is Not Acceptable)  3350 SW 310 Ave; ####  FORT LAUDERDALE, FL 33315  Signal Audress (P.O. Box Number is Not Acceptable)  City FL Zo Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS #11  TITLE  BRUCE, STEVEN F  SIGNATURE  GREAT ADDRESS  OTH 51-2P  TITLE  Death  ITTLE  MAKE  SIGNATURE  SIGNATURE  GREAT ADDRESS  OTH 51-2P  TITLE  Death  ITTLE  Death  ITTLE  MAKE  SIGNATURES  OTH 51-2P  TITLE  MAKE  SIGNAT ADDRESS  OTH 51-2P  TITLE  MAK		6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Age	ont	
Entry   FL   Zip Code    8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent.    8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent.    8. Election Campaign Financing	BRUCE, S	TEVEN F	•				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plotida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and accept the State of Plotida. I am familiar with, and accept the Addition of Plotida in the State of Plotida					Street Address (P.O. Box Number is Not Acceptable)		
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\* CHANGE TO ADDRESS ONLY.