


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000003461	
1. Entity Name SCIENTIFIC SOUTHERN, CORP.	

Principal Place of Business 11154 SW 71 LANE MIAMI, FL 33173	Mailing Address 11154 SW 71 LANE MIAMI, FL 33173
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05032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0634183	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TORRES, AUGUSTO A 11154 SW 71 LANE MIAMI, FL 33173
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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 NAME STREET ADDRESS CITY - ST - ZIP	PSD TORRES, AUGUSTO A 11154 SW 71 LANE MIAMI, FL 33173
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1100000157273
05/06/04-80020-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Augusto A. Torres* **AUGUSTO A. TORRES** 05/05/04 (305) 598 9332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #