


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000085224
 1. Entity Name
SOUTHTREND CORP.



Principal Place of Business 20165 NE 16TH PL MIAMI, FL 33179 US	Mailing Address 2655 LE JEUNE RD., STE. 1107 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0736418	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIR, HECTOR J
 2655 LE JEUNE RD., STE. 1107
 CORAL GABLES, FL 33134

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LO PRESTI, THOMAS J 300 THREE ISLANDS BLVD., APT. 619 HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LO PRESTI, DOMENICO 300 THREE ISLANDS BLVD, #619 HALLANDALE, FL
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 05/29/08-80101-018 150.00

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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 # _____