

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000085224

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: SOUTHTREND CORP.

**Current Principal Place of Business:**

20165 NE 16TH PL  
MIAMI, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

20165 NE 16TH PL  
MIAMI, FL 33179 US

FEI Number: 65-0736418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

THOMAS, LOPRESTI J  
20165 NE 16TH PL  
MIAMI, FL 33179 US

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.

SIGNATURE: THOMAS J. LOPRESTI

06/25/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LO PRESTI, THOMAS J  
Address: 300 THREE ISLANDS BLVD., APT. 619  
City-St-Zip: HALLANDALE, FL

Title: DVP ( ) Delete  
Name: LO PRESTI, DOMENICO  
Address: 300 THREE ISLANDS BLVD, #619  
City-St-Zip: HALLANDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS LOPRESTI

PRES

06/25/2009

Electronic Signature of Signing Officer or Director

Date