


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000086299 1. Entity Name SOUTHRIDGE ENT., INC.														
Principal Place of Business 3823 N ANDREWS AVE OAKLAND, FL 33309		Mailing Address 3823 N ANDREWS AVE OAKLAND, FL 33309												
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____														
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees												
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>PSTD BANKLEY, REID W 13355 NORTHWEST 11 PLACE SUNRISE, FL 33323</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BANKLEY, REID W 13355 NORTHWEST 11 PLACE SUNRISE, FL 33323	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE 1100000118543 04/19/04-80064-002 158.75
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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.														
SIGNATURE: <u>REID BANKLEY</u> 04-15-04 9545645482 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>														



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0700755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	