

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90036 047 \*\*\*150.00

<b>DOCUMENT # P97000060529</b>					
<b>1. Entity Name</b> SOUTHERN PROMOTIONS, INC.					
<b>Principal Place of Business</b> 4801 S UNIVERSITY DRIVE SUITE 3090 DAVIE, FL 33328 US			<b>Mailing Address</b> 4801 S UNIVERSITY DRIVE SUITE 3090 DAVIE, FL 33328 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 1776 N Pine Island Rd Suite, Apt. #, etc. Suite 216 City & State Plantation, FL Zip 33322 Country US		<b>3. Mailing Address</b> 1776 N Pine Island Rd. Suite, Apt. #, etc. Suite 216 City & State Plantation, FL Zip 33322 Country US			
<b>4. FEI Number</b> 65-0768529					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> RODRIGUEZ, MIGUEL J 4801 S. UNIVERSITY DRIVE SUITE 3090 DAVIE, FL 33328			<b>7. Name and Address of New Registered Agent</b> ACCURAY SERVICES CORP. 1776 N. Pine Island Rd. Suite 216 Plantation, FL 33322		
<b>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.</b> SIGNATURE:  DATE: 3-17-08 <small>(NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS RODRIGUEZ, MIGUEL J 4801 S. UNIVERSITY DR. #3090 DAVIE, FL 33328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS RODRIGUEZ, MIGUEL J 1776 N. PINE ISLAND RD # 216 PLANTATION, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b>			Date: 3-17-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		