

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90193 032 \*\*\*150.00

<b>DOCUMENT # P98000009431</b> 1. Entity Name SOUTHERN CORP, INC.			
Principal Place of Business 10 NW 42 AVE 5TH FLOOR MIAMI, FL 33126 US		Mailing Address 10 NW 42 AVE 5TH FLOOR MIAMI, FL 33126 US	
2. Principal Place of Business 770 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 101 City & State Coral Gable FL Zip 33134 Country		3. Mailing Address 770 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 101 City & State Coral Gable FL Zip 33134 Country	
4. FEI Number 65-0810064		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01062006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  CARRASCO, RICK 10 NW 42 AVE #500 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name <u>Alina Mendez</u> Street Address (P.O. Box Number is Not Acceptable) <u>770 Ponce de Leon Blvd.</u> <u>Suite 101</u> City <u>Coral Gable</u> <u>FL</u> Zip Code <u>33134</u>	
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 <u>[Signature]</u> PDS. <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS MENDEZ, ALINA 3623 SW 5TH TERRACE MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARRASCO, ALBERTO 3823 SW 5 TERR MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/6/06</u> <small>Daytime Phone #</small>	