

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009431

Entity Name: SOUTHERN CORF, INC.

FILED
Jul 29, 2009
Secretary of State

Current Principal Place of Business:

770 PONCE DE LEON BLVD
STE 101
MIAMI, FL 33134 US

Current Mailing Address:

770 PONCE DE LEON BLVD
STE 101
MIAMI, FL 33134 US

New Principal Place of Business:

4343 W FLAGLER
STE 503
MIAMI, FL 33134 US

New Mailing Address:

4343 W FLAGLER
STE 503
MIAMI, FL 33134 US

FEI Number: 65-0810064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, LUIS A
770 PONCE DE LEON BLD
STE 101
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

MENDEZ, ALINA
4343 WFLAGER
STE 503
MIAMI, FL 33134 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: ALINAMENDEZ85@YAHOO.COM

07/29/2009

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: PDS () Delete
Name: MENDEZ, ALINA
Address: 3623 SW 5TH TERRACE
City-St-Zip: MIAMI, FL 33135

Title: T (X) Delete
Name: CARRASCO, ALBERTO
Address: 3823 SW 5 TERR
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MENDEZ, ALINA
Address: 3623 SW 5TH TERRACE
City-St-Zip: MIAMI, FL 33135

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: ALINA MENDEZ

PD

07/29/2009

Electronic Signature of Signing Officer or Director

Date