

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90108 001 ***150.00

DOCUMENT # P98000066582					
1. Entity Name ERAN SOUTH CORP.					
Principal Place of Business ONE PARK PLACE 621 NW 53RD ST, STE 240 BOCA RATON, FL 33487			Mailing Address ONE PARK PLACE 621 NW 53RD ST, STE 240 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # 621 NW 53rd Street Suite, Apt. #, etc. Suite # 240 City & State Boca Raton, FL Zip 33487 Country U.S.A			3. Mailing Address 621 NW 53rd Street Suite, Apt. #, etc. Suite # 240 City & State Boca Raton, FL Zip 33487 Country U.S.A		
4. FEI Number 65-0853306			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ZIEGELMAN, ALLAN ONE PARK PLACE 621 NW 53RD ST, STE 255 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name ALLAN ZIEGELMAN Street Address (P.O. Box Number is Not Acceptable) 621 NW 53rd Street Suite 240 City Boca Raton FL Zip Code 33487		
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>ALLAN ZIEGELMAN</u> <i>[Signature]</i> DATE: <u>3/31/08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> ZIEGELMAN, ALLAN ONE PARK PLACE, 621 NW 53 ST, STE 255 BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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	
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: ALLAN ZIEGELMAN <i>[Signature]</i>			Date: <u>3/31/08</u> Daytime Phone #: <u>561-241-3269</u>		