2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# P99000052879

Entity Name: SOUTHERN TRUST SECURITIES, INC.

Current Principal Place of Business:

145 ALMERIA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

145 ALMERIA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0926091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESCOBIO, ROBERT J
145 AMERICA AVENUE
CARAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FITZGERALD, KEVIN
Address: 145 ALMERIA
City-St-Zip: CORAL GABLES, FL 33134

Title: CFO ( ) Delete
Name: FUSSA, FERNANDO
Address: 145 ALMERIA
City-St-Zip: CORAL GABLES, FL 33134

Title: CEOD ( ) Delete
Name: ESCOBIO, ROBERT J
Address: 145 ALMERIA
City-St-Zip: CORAL GABLES, FL 33134

Title: STD ( ) Delete
Name: ESCOBIO, SUSAN M
Address: 145 ALMERIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FITZGERALD, KEVIN
Address: 145 ALMERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: CFO (X) Change ( ) Addition
Name: FUSSA, FERNANDO
Address: 145 ALMERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: CEOD (X) Change ( ) Addition
Name: ESCOBIO, ROBERT J
Address: 145 ALMERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: STD (X) Change ( ) Addition
Name: ESCOBIO, SUSAN M
Address: 145 ALMERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

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: FERNANDO FUSSA CFO 02/10/2009

Electronic Signature of Signing Officer or Director Date