

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000104501

1. Entity Name
SOUTHHILL INTERNATIONAL GROUP, INC.



Principal Place of Business

80 SW 8 STREET
SUITE 2590
MIAMI, FL 33131

Mailing Address

80 SW 8 STREET
SUITE 2590
MIAMI, FL 33131



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0965072

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOTORD, JOHN
80 SW 8 STREET
SUITE 2590
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOTORD, JOHN
STREET ADDRESS	80 SW 8 STREET SUITE 2590
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	S
NAME	VAZQUEZ, GERARDO A
STREET ADDRESS	601 BRICKELL KEY DRIVE, STE 802
CITY - ST - ZIP	MIAMI, FL 33131

U00000328361
04/25/05-80076-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-105

305-350-9100

Date

Daytime Phone #