
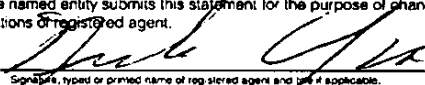



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 8:00 am
Secretary of State

02-19-2007 90061 011 ***150.00

DOCUMENT # S07414		
1. Entity Name SOUTHERN WAREHOUSE, INC.		
Principal Place of Business 7210 NW 775 TREE MIAMI, FL 33166 US		Mailing Address 7210 NW 77 ST MIAMI, FL 33166 US
DO NOT WRITE IN THIS SPACE		
		01242007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0225516		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		
NIVARDO, MORA 7210 NW 77 ST MIAMI, FL 33166		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  <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when remitting)</small>		DATE 2/8/07
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORA, NIVARDO 7210 NW 77TH ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MORA, MIRKA 7210 NW 77TH ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 2/2/2007 DAYTIME PHONE # 305-883-0061