

**2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P94000077942

**Entity Name:** PROVINCIAL SOUTH, INC.

**Current Principal Place of Business:**

792 NE 45TH ST  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

792 NE 45TH ST  
OAKLAND PARK, FL 33334 US

**FEI Number:** 65-0531905

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOCKERELL, DARRICK  
792 NE 45TH ST  
OAKLAND PARK, FL 33334 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, CEO  
Name           GOCKERELL, DARRICK  
Address        792 NE 45TH ST  
City-State-Zip: OAKLAND PARK FL 33334

Title           DIRECTOR  
Name           GOCKERELL, DINA N  
Address        792 NE 45TH ST  
City-State-Zip: OAKLAND PARK FL 33334

Title           PRESIDENT  
Name           SOUZA, PAULO  
Address        792 NE 45TH ST  
City-State-Zip: OAKLAND PARK FL 33334

Title           VP  
Name           HAMILTON, ELTON  
Address        792 NE 45TH ST  
City-State-Zip: OAKLAND PARK FL 33334

Title           SECRETARY  
Name           BROOKS, BARRY  
Address        792 NE 45TH ST  
City-State-Zip: OAKLAND PARK FL 33334

Title           TREASURER  
Name           PAIN, DAVID  
Address        792 NE 45TH ST  
City-State-Zip: OAKLAND PARK FL 33334

*I hereby 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 all other like empowered.*

**SIGNATURE: DARRICK GOCKERELL**

**DIRECTOR, CEO**

**06/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date