***2005 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED Apr 29, 2005 08:00 AM Secretary of State

| DOCUMENT # F9700001939 1. Entity Name SOUTHSIDE PLAZA INC. Principal Place of Business 60 BROAD ST #3503 NEW YORK, NY 10004 NEW YORK, NY 10004 | Secretary of State |
|--|---|
| DO NOT WHITE IN THIS SPA 5. Name and Address of Current Registered Agent | 04272005 No Chg-P CR2E034 (10/03) 4. FEI Number |
| JOSEPH, JERRY 100 GOLDEN ISLES DR, SUITE 1204 HALLANDALE, FL 33009 | 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 privated name of registered agent and rate of apolicable. INCITE. Registered Agent signature required when reliablishing) DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | |
| 10. OFFICERS AND DIRECTORS TITLE PD NAME ECKSTEIN, JUDY STREET ADDRESS 60 BROAD ST #3503 CITY-ST-ZIP NEW YORK, NY 10004 TITLE | U00000351605 05,02,05-80154-004 150.00 |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | |
| STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| NAME STREET ADDRESS City-St-Zip | |
| TITLE NAME STREET ADDRESS GITY-ST-ZP 12 Thereby certify that the information purplied with this filled dags get qualify for the ex- | amelian stated in Franke 410 OTTSTD. Flading Division |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes, I further certify that the Information indicated on this feport or supplemental report is frue 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: When the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes, I further certify that the Information indicated in the I is an officer or director of the corporation or the receiver or trustee empowers 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: TWO EUSTEIN Y/37/05 2/2668 0/0/101 | |