

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000106222

FILED
Apr 22, 2009
Secretary of State

Entity Name: SOUTH POINTE VILLAS, CORP.

Current Principal Place of Business:

10465 N.W. 131ST STREET
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

10465 N.W. 131ST STREET
HIALEAH GARDENS, FL 33018

Current Mailing Address:

10465 N.W. 131ST STREET
HIALEAH GARDENS, FL 33016

New Mailing Address:

10465 N.W. 131ST STREET
HIALEAH GARDENS, FL 33018

FEI Number: 65-1059185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'REILLY, INELDO
10465 N.W. 131ST STREET
HIALEAH GARDENS, FL 33016 US

Name and Address of New Registered Agent:

O'REILLY, INELDO
10465 N.W. 131ST STREET
HIALEAH GARDENS, FL 33018 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:

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: O'REILLY, INELDO
Address: 10465 N.W. 131ST STREET
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: VD () Delete
Name: O'REILLY, MAGALY
Address: 10465 N.W. 131ST STREET
City-St-Zip: HIALEAH GARDENS, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: O'REILLY, INELDO
Address: 10465 N.W. 131ST STREET
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: VD (X) Change () Addition
Name: O'REILLY, MAGALY
Address: 10465 N.W. 131ST STREET
City-St-Zip: HIALEAH GARDENS, FL 33018

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: INELDO O'REILLY

PSD

04/22/2009

Electronic Signature of Signing Officer or Director

Date