

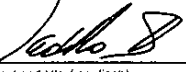
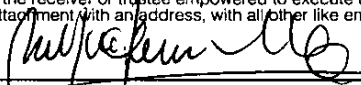


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90069 018 \*\*\*150.00

<b>DOCUMENT # P02000027703</b> 1. Entity Name <b>SOUTHERN PROPERTY HOLDINGS INC.</b>					
Principal Place of Business <b>1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146</b>			Mailing Address <b>1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146</b>		
2. Principal Place of Business <b>2666 Brickell Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>2666 Brickell Avenue</b> Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>72-1535310</b>	
Zip <b>33131</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SANCHEZ DE VARONA, RAUL J 1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146</b>				7. Name and Address of New Registered Agent Name, <b>Alvaro Castillo</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1390 Brickell Avenue, Suite 200</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>	
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  <span style="float: right;">1-24-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETRINI DE HERMIDA, ANA MARIA 1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Petrini de Hermida, Ana Maria 2666 Brickell Avenue Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAGALDAY, MARIANGELES 1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hermida, Mateo 2666 Brickell Avenue Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>A. Maria Petrini</b> <span style="float: right;">1-24-05 (305) 371-5540</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					