


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000105096</b> 1. Entity Name <b>SOUTHLAND MANAGEMENT OF FLORIDA, INC.</b>	
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Principal Place of Business <b>1108 KANE CONCOURSE, SUITE 307 BAY HARBOR ISLAND, FL 33154</b>	Mailing Address <b>1108 KANE CONCOURSE, SUITE 307 BAY HARBOR ISLAND, FL 33154</b>
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**DO NOT WRITE IN THIS SPACE**

02032004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>47-0888839</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BARRY HAIMAN  
1108 KANE CONCOURSE #307  
BAY HARBOR ISLAND, FL 33154**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAIMAN, BARRY 1108 KANE CONCOURSE, SUITE 307 BAY HARBOR ISLAND, FL 33154
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04/26/04-80147-016 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** *Barry Haiman* **4-27-04 305-865-4555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*BARRY HAIMAN*