

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/23

FILED
Jun 18, 2004 8:00 am
Secretary of State

04-23-2004 90501 001 *1,050.00


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01132004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000005056

1. Entity Name
SOUTH POINTE MANAGEMENT CORPORATION



Principal Place of Business Mailing Address
 C/O NICOLE J. HUESMANN, P.A. C/O NICOLE J. HUESMANN, P.A.
 150 ALHAMBRA CIRCLE #1150 150 ALHAMBRA CIRCLE #1150
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-1219807** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUESMANN, NICOLE J
150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: Mei Na Tseng President 4/5/04 305-288-0220
Signature and typed or printed name of signing officer or director Date Daytime Phone #