


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90065 044 ***150.00

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| DOCUMENT # P04000090895 |  |
| 1. Entity Name SOUTH POINT 2502 CORP | |

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|--|---|
| Principal Place of Business 21055 YACHT CLUB DR., UNIT 2502 AVENTURA, FL 33180 | Mailing Address 2875 NE 191 ST AVENTURA, FL 33180 |
|--|---|

60012081



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|--------------------------------|---------|---|---------|
| 2. Principal Place of Business | | 3. Mailing Address 2875 NE 191 ST | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 801 | |
| City & State | | City & State AVENTURA FL. | |
| Zip 33180 | Country | Zip 33180 | Country |

01112006 Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 20-2871287 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SERBER, DANIEL J ESQ. 2875 N.E. 191ST ST. TURNBERRY PLAZA, STE. 801 AVENTURA, FL 33180 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 NIETO, VIRGINIE 2875 NE 191 ST, STE 801 AVENTURA, FL 33180 <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 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Virginie Nieto* **VIRGINIE NIETO** 2/3/06 305-932-6262
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #