## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: ASAD. A. RUSHD - V. S. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **DOCUMENT # P22796**

1. Enlity Name
SOUTHERTATE MANAGEMENT CORPORATION



FILED
Mar 01, 2007 8:00 am
Secretary of State
03-01-2007 90016 045 \*\*\*158.75

Fel 21,2007

Daytime Phone #

Date

SOUTHSTATE MANAGEWENT CORPORATION							03-01-2007	90010 04.	3 ***136.	.13	
Principal Place of Business 605 E ROBINSON ST ORLANDO, FL 32801			Mailing Address 605 E ROBINSON ST ORLANDO, FL 32801								
Principal Place of Business - No P.O. Box #			3. Mailing Address								
			Color App. 4 La						., ., .,		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					02222007	Chg-P	CR2E03	4 (12/06)	
City & State			City & State				4. FEI Number 75-2260				plied For t Applicable
Zip	Country	Zip Count			try		5. Certificate o	Status Desired		8.75 Add	
6. Name and Address of Current			Registered Agent				7. Name and A	ddress of New R	Registered A	gent	
					Name						
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105					Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32301											
					City	/ FI				Zip Code	•
	named entity submits this statement f	or the pu	rpose of changing its	register	ed office ar	register	ed agent, or both	, in the State of Flo	orida. I am fa	miliar with,	and accept
the obligati	ons of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstalling)  DATE											
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	.00	9. Election Campai Trust Fund Contr	_	ncing		.00 May Be ed to Fees				
10.	OFFICERS AND DIRECTORS 11.						ADDITIONS/C	HANGES TO OFF	FICERS AND	DIRECTORS	S IN 11
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NAME STREET ADDRESS	ANSAR, H. NAM 7 DOWN STREET SIRE					WILLMOTT, HANAH RESS HALDENSTRASSE:1, CH-8703					
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TITLE	7		☐ Delete	TITL						☐ Change	Addition
NAME				NAM			/	,			
STREET ADDRESS !					EET ADDRESS -ST-ZIP		,				
	pertify that the information supplied wi	ith this fill	no does not qualify to			ontained	t in Chapter 119	Florida Statutes	I further certif	ly that the iii	nformation
indicated of the cor	on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true a powered	nd accurate and that n to execute this report	ny signa as requi	ture shall h	ave the :	same legal effect	as if made under	oath; that I ar	m an officer	or director