



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90093 024 ***150.00

DOCUMENT # P95000045867 1. Entity Name SOUTHPORT PLAZA, INC.					
Principal Place of Business 1635 S. MIAMI RD. FT. LAUDERDALE, FL 33316			Mailing Address PO BOX 89183 FORT LAUDERDALE, FL 33339		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address P.O. Box 39183 Ft Lauderdale FL 33339 City & State Zip			
Country USA		4. FEI Number 59-3323533		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01242004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent COLEMAN, JEFFREY A 2840 NE 26 PLACE FT. LAUDERDALE, FL 33306			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD COLEMAN, JEFFREY A 2840 NE 26 PLACE FT. LAUDERDALE, FL 33306	<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	VSTD COLEMAN, ASTRID T S. 2840 NE 26 PLACE FT. LAUDERDALE, FL 33306	<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 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: <i>Astrid T.S. Coleman, V Pres</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/19/04 Daytime Phone # 954-568-7178		

Astrid T.S. Coleman, V Pres