2004 FOR PROFIT CORPORATION				FILED Jul 07, 2004 08:00 AM	
DOCUMENT # P97000012639 1. Entity Name ST. REGIS SUN POINTE INC.					Secretary of State
Principal Place of BusinessMailing Address701 EAST BAY DRPO BOX 5LARGO, FL 33770USSTOWE, VI 05672-0005US				E VENIA VENIA BURA ENVIA UNIA UNIA RIVU RIVU RIVU DANA MANDARI A REAL	
D	O NOT WRITE		CE	07052004 No Chg-P CR2E034 (10/03) 4. FEJ Number Applied For 98-0168594 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLLNER, RICHARD H 2700 BARNETT PLAZA 101 E KENNEDY BLVD TAMPA, FL 33602			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 Signature, typed or printed name of registered agent and tille it applicable. (NOTE. Registered Agent signature required when reinstaling) DATE					
FILE NOW!!!FEE 1S \$150.009. Election Campaign FinanDue by September 8, 2004Trust Fund Contribution.			uncing \$8	6.00 May Be ded to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND E PD GROSS, STEPHEN 1604 ST REGIS BLVD DORVAL, QUEBEC, CANADA, H STD TEITELBAUM, IRVING 1604 ST REGIS BLVD DORVAL, QUEBEC, CANADA, H	19P 1H6			000000163854 07/07/04-80020-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ITTLE			DO NOT WRITE IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		
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: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Daytime Phone #					