## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P97000094670

Name: SOLITHPORT REALTY ASSOCIATES INC

FILED Sep 18, 2006 Secretary of State

SUITE 206 FORT LAUDERDALE, FL 33316  Current Mailing Address:  901 SOUTHEAST 17 STREET SUITE 206 FORT LAUDERDALE, FL 33316  FEI Number: 65-0791568 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status  Name and Address of Current Registered Agent:  MITTELMAN, ANDREW L 901 SOUTHEAST 17 STREET SUITE 206 FORT LAUDERDALE, FL 33316 US  The above named entity submits this statement for the purpose of changing its registered office or registered as in the State of Florida.  SIGNATURE:	
901 SOUTHEAST 17 STREET SUITE 206 FORT LAUDERDALE, FL 33316  FEI Number: 65-0791568 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status  Name and Address of Current Registered Agent: Name and Address of New Registered Agent  MITTELMAN, ANDREW L 901 SOUTHEAST 17 STREET SUITE 206 FORT LAUDERDALE, FL 33316 US  The above named entity submits this statement for the purpose of changing its registered office or registered as in the State of Florida.  SIGNATURE:	
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901 SOUTHÉAST 17 STREET SUITE 206 FORT LAUDERDALE, FL 33316 US The above named entity submits this statement for the purpose of changing its registered office or registered a in the State of Florida.  SIGNATURE:	Agent:
in the State of Florida.  SIGNATURE:	
	d agent, or both,
FL 1 CC 1 CB 11 IA 1	
Electronic Signature of Registered Agent Date	

Title:

## **OFFICERS AND DIRECTORS:**

( ) Delete

Title:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

SHERIDAN, BETTY L MITTELMAN, ANDREW L Name: Name: 10685 EUREKA STREET Address: 901 SE 17 STREET, #206 Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: FORT LAUDERDALE, FL 33316 US Title: STD () Delete Title: VPD (X) Change ( ) Addition WOODARD, NANCY SHERIDAN, BETTY L Name: Name: Address: Address: 1785 NORTH ANDREWS AVENUE, #209-E 10685 EUREKA STREET FORT LAUDERDALE, FL 33311 BOCA RATON, FL 33428 US City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition ( ) Delete STD Name: Name: PINARD, THOMAS Address: Address: 1965 SE 5 COURT, #303N City-St-Zip: City-St-Zip: POMPANO BEACH, FL 33060 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS PINARD STD 09/18/2006