2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000094670

PINARD, THOMAS

1965 SE 5 COURT, #303N

POMPANO BEACH, FL 33060 US

Name:

Address:

City-St-Zip:

Entity Name: SOUTHPORT REALTY ASSOCIATES, INC.

FILED Apr 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 901 SOUTHEAST 17 STREET SUITE 206 FORT LAUDERDALE, FL 33316 **New Mailing Address: 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 Desired (X) 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 agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MITTELMAN, ANDREW L Name: Name: 901 SE 17 STREET, #206 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33316 US City-St-Zip: Title: VPD Title: () Delete () Change () Addition Name: SHERIDAN, BETTY L Name: 10685 EUREKA STREET Address: Address: BOCA RATON, FL 33428 US City-St-Zip: City-St-Zip: Title: () Delete Title: STD () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANDREW L. MITTELMAN PD 04/26/2008